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SALUS POPULI SUPREMA LEX ESTO

“The welfare of the people shall be the supreme law.”



JASON KANDER
SECRETARY OF STATE

MISSOURI REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

renewal information on or around December 1, 2016, and the decreased fee needs to be reflected in this information. Without this emergency amendment the decreased fee requirement will not be effective in time for the renewal notice, and confusion will result in the renewal process.

The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. In developing this emergency amendment, the board has determined that the fee decrease is necessary for the 2017 renewal period to prevent funds from exceeding the maximum fund balance, thereby resulting in a transfer from the fund to general revenue as set forth in section 331.070.2, RSMo, "A compelling governmental interest shall be deemed to exist for the purposes of section 536.025, RSMo, for license fees to be reduced by emergency rule, if the projected fund balance of any agency assigned to the board of professional registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue." The board believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed September 26, 2016, becomes effective October 6, 2016, and expires April 3, 2017.

(3) To ensure compliance with section 331.070, RSMo, the following renewal fees shall be effective from November 14, 2016 to March 31, 2017:

(A) Renewal Fee

\$50

AUTHORITY: sections 43.543 and 331.100.2, RSMo Supp. [2014] 2013, and section 331.070, RSMo 2000. This rule originally filed as 4 CSR 70-2.090. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 11, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Sept. 26, 2016, effective Oct. 6, 2016, expires April 3, 2017.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 2070—State Board of Chiropractic Examiners Chapter 2—General Rules

EMERGENCY AMENDMENT

20 CSR 2070-2.090 Fees. The State Board of Chiropractic Examiners is proposing to add section (3).

PURPOSE: The State Board of Chiropractic Examiners is statutorily obligated to enforce and administer the provisions of sections 331.010 to 331.115, RSMo. Pursuant to section 331.070, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 331.010 to 331.115, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 331.010 to 331.115, RSMo.

EMERGENCY STATEMENT: This emergency amendment is necessary to preserve a compelling governmental interest requiring an early effective date of the rule by informing the public of a change in the fee required for the renewal of a license. The board is proposing to decrease the license renewal fee from one hundred twenty-five dollars (\$125) to fifty dollars (\$50). The emergency amendment is necessary to allow the board to collect the decreased fee. Chiropractors with a license expiration date of February 28, 2017 will be mailed

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 12—State of Missouri—Social Security Manual**

PROPOSED AMENDMENT

1 CSR 10-12.011 State of Missouri—State Social Security [Manual] Administration. The commissioner is amending the title, purpose, and sections (1)–(3), deleting sections (4)–(11), and deleting all Exhibits.

PURPOSE: This amendment updates the regulation to reflect the current role of the State Social Security Administrator in administering Social Security coverage to employees of political subdivisions and instrumentalities. This amendment also updates terminology used in the regulation.

PURPOSE: The [s]State Social Security [Administration]

Administrator, the Director of Accounting of the Office of Administration, has the authority to make and publish such rules as are necessary [to] for the efficient administration of Old Age Survivors and Disability Insurance coverage to employees of [state and local political entities] political subdivisions and instrumentalities. This rule establishes coverage[, recordkeeping and reporting] guidelines for [state and local governmental officials] political subdivisions and instrumentalities.

(1) Extension of Social Security Coverage to **[Public Agencies] Political Subdivisions and Instrumentalities** Other Than State Units.

(A) The governing body of *[cities, towns and villages shall]* any political subdivision or instrumentality having a Social Security qualified retirement plan may adopt and submit to the *[OASDHI Unit an ordinance providing for]* State Social Security Administrator a resolution requesting the extension of Social Security coverage to all eligible employees as defined by applicable federal and state laws, section 218 (42 USC 418) of the Social Security Act and section 105.300 through 105.440, RSMo. *[(see Exhibit I).]*

[(B) The governing body of political subdivisions and instrumentalities, as defined in section 105.300(7) and (8), RSMo except as provided in subsection (1)(A) of this rule, shall adopt and submit to the Social Security Unit a resolution providing for extension of Social Security coverage to all eligible employees as defined by applicable federal and state laws. (see Exhibit II).]

[(C)](B) [In addition to the requirements of subsections (1)(A) and (B)] If adopting a resolution requesting a referendum as described in subsection (1)(A) of this rule and section 105.300(7) and (8), RSMo, political subdivisions and instrumentalities, upon a successful referendum, shall execute and submit to the [Social Security Unit] State Social Security Administrator a Social Security ["Plan and Agreement["] contract which shall provide for an effective date of coverage in accordance with applicable federal and state law. [(see Exhibit III).] If the referendum is not successful, then Social Security coverage is not extended to members of the qualified retirement plan. A referendum can again be requested after a period of one (1) year.

[(D)](C) Political subdivisions and instrumentalities [shall, in addition to the requirements of (1) (A)–(C),] qualifying under section (1), shall provide to the [Social Security Unit] State Social Security Administrator all federal employer identification number(s) assigned by the Internal Revenue Service when a ["Plan and Agreement["] is executed [or when a payroll reporting unit number is requested].

(D) The governing body of any political subdivision or instrumentality not having a Social Security qualified retirement plan may adopt and submit to the State Social Security Administrator a resolution requesting the extension of Social Security coverage to all eligible employees as set forth in applicable federal and state laws, section 218 (42 U.S.C. 418) of the Social Security Act and sections 105.300 through 105.440, RSMo.

(2) Designation of Reporting Officials.

(A) Each political subdivision or instrumentality *[of the state] covered under the voluntary Social Security program[, hereinafter called a public agency(ies),]* in section (1), shall designate, by position, one (1) individual through whom all *[transactions] communications* with the State Social Security *[Unit] Administrator* shall be channeled *[and who shall be responsible for all reports to the Social Security Unit. A public agency requesting a separate payroll reporting unit (PRU) number for any integral part of that agency shall also designate one (1) individual, by position, of each PRU through whom all transactions with*

the Social Security Unit shall be channeled and who shall be responsible for all reports to the Social Security Unit.

(B) The director of the [state agency] **Division of Accounting of the Office of Administration**, as [defined] set forth in section 105.300(10), RSMo, shall be the official designated to be responsible for **State Social Security [reporting matters pertaining to employees of each state unit] Administration**. All [transactions with the] **communications regarding Social Security [Unit], excluding required federal reporting and payments**, shall be channeled through [the] **this designated official or their designee**.

(3) **[Annual Wage Report Transmittal by Public Agencies and State Agencies With Local Fund Payrolls.] All political subdivisions and instrumentalities with coverage agreements shall comply with applicable federal and state withholding laws and regulations related to Social Security and Medicare coverage and exclusions.**

[*(A) Each public agency covered by the Social Security program by agreement executed under section 105.350 and submitting annual wage and tax information on paper shall file Form W-3SL, Transmittal of In-come and Tax Statements for State and Local Governmental Employers (see Exhibit IV) and related Forms W-2, Wage and Tax Statements, to the Social Security Administration (SSA) in conformity with federal SSA requirements. Each public agency assigned two (2) or more payroll record unit (PRU) numbers must file a separate W-3SL wage report for each PRU number assigned. Each public agency reporting covered wages under more than one (1) federal employer identification number (EIN) must file a separate Form W-3SL for each federal employer identification number under which covered wages are paid. All substitute wage reporting forms must be those which have been approved by the Social Security Administration.*

(B) Each state and local employer authorized to submit W-2 Copy A information on magnetic tape or diskette under the State and Local Annual Magnetic Reporting (SLAMR) plan shall submit tapes and diskettes to the Social Security Administration in accordance with instructions and accompanied by the appropriate transmittal forms provided by the Social Security Administration.

(C) In addition to the requirements of subsections (3)(A) and (B) of this rule, all public agencies covered by the Social Security program by agreement executed under section 105.350 must file AAFO Form 10, State of Missouri, Governmental Employer Annual Report of Social Security Wages Paid (see Exhibit V) to the state agency. An original copy of AAFO Form 10 shall be filed to the state Social Security Unit along with copy two (2) of Form(s) W-3SL as defined in subsection (3)(A). State and local governmental employers authorized to submit W-2 Copy A information on magnetic tape or diskette must attach a copy of Form 6560, Employer Summary of Form W-2 Magnetic Media Wage Information to AAFO Form 10. Public agencies assigned two (2) or more PRU numbers must file a separate AAFO Form 10 for each PRU.

(D) Each AAFO Form 10 wage report must be properly completed and mailed to the state agency on or before the thirty-first day of the month following the close of each calendar year. If the thirty-first falls on a Saturday, Sunday or holiday, the wage report shall be due on the next working day.

(E) AAFO Form 10 shall include the total of all covered wages paid annually to personnel employed by departments, boards, commissions, etc. reportable under the employer's state SSA number. Governmental employers reporting covered wages under more than one (1) federal employer identification number (EIN) shall report on AAFO Form 10 for each federal employer identification number under which

covered wages are paid.

(4) **Annual Wage Report Transmittal by State Departments not Under the State Payroll System.**

(A) Each state unit shall file annual reports of Social Security wages paid in accordance with the requirements of subsections (3)(A)– (E) of this rule.

(B) Each state unit reporting covered wages which were paid from state appropriations and local nonappropriated funds shall, in addition to the requirements of subsections (3)(A)–(E) of this rule, submit a signed certification of the wage amount paid from state appropriations for section 105.400, RSMo employer contribution fund transfer purposes.

(5) **Semi-monthly Social Security Deposits by Political Subdivisions and Instrumentalities of the State and State Agencies with Local Fund Payrolls.**

(A) Each political subdivision and instrumentality of the state covered under the Social Security program and each state unit making wage payments from nonappropriated local funds shall deposit Social Security contributions due within three (3) calendar days following the close of each semi-monthly period as follows:

1. For covered wages paid during the first fifteen (15) days of a calendar month, semi-monthly deposit reports and remittances are due on or before the eighteenth day of the calendar month; and

2. For covered wages paid during the sixteenth through the last day of each month, semi-monthly deposit reports and remittances are due on or before the third day of the following month. If the due date, third or eighteenth, falls on a Saturday, Sunday or legal holiday observed by the United States Postal Service, the Social Security deposit shall be due on the next working day.

(B) If the employer does not have a payroll within a semi-monthly period, the applicable deposit form for the period should be filed with the next deposit.

(C) If no Social Security wages were paid during either a semi-monthly deposit period within a calendar month, indicate "No Covered Wages" on both semi-monthly deposit forms and mail on or before three (3) calendar days following the end of the month.

(D) Governmental entities with twenty-five dollars (\$25) or less average combined employer/employee Social Security liability per semi-monthly deposit period may be authorized by the state agency to deposit Social Security contributions quarterly. Governmental entities designated as quarterly depositors shall deposit Social Security contributions due and file a Social Security deposit form no less than quarterly and within three (3) calendar days following the close of the third month of each quarter. If the average semi-monthly Social Security contributions (combined employer/employee taxes) exceed twenty-five dollars (\$25), deposits will be required on a semi-monthly deposit schedule in accordance with requirements of subsection (5)(A). Departments or subunits of a governmental entity permitted to file separate Social Security deposits under a PRU number must remit Social Security contributions due in accordance with the requirements of subsection (5)(A) of this rule.

(E) Deposits received postmarked after the due date shall be considered delinquent. Delinquent deposits shall be assessed interest at a rate equal to that charged by the Social Security Administration plus a penalty of five dollars (\$5) for the first day and one dollar (\$1) for each day thereafter or the penalty prescribed by the federal agency, whichever is greater, for the period for which deposits are delinquent. Interest shall not be billed if less than one dollar

(§1). Checks for Social Security deposits shall be made payable to the "OASDHI Trust Account" and shall be accompanied by a signed deposit ticket (see Exhibit VI) and Debit/Credit Notice, if applicable (see Exhibit VII).

(F) Deposits will be considered timely filed if received postmarked on or before the due date and received no later than seven (7) days after the due date. Deposits postmarked on or before the due date and not received within seven (7) days following the due date will be subject to interest and penalty charges from the due date to the date received. NOTE: Postage-metered stamps are not an acceptable substitute for actual post office cancellation marks. Deposits received delinquent and having a postage-metered stamp will be subject to delinquent charges from the due date to the date received.

(6) *Transmittal of Initial Reports of Social Security Wages Paid.* Initial reports of Social Security wages paid covering the period from the effective date of coverage shall be prepared in accordance with requirements in effect for the period being reported and submitted on or before the due date fixed by the Social Security Unit.

(7) *Transmittal of Social Security Adjustment Reports to the State Agency.* Social Security adjustment reports shall be completed, dated and submitted to the Social Security Unit on the proper form immediately upon discovery of a wage reporting error. Form W-2C, Statement of Corrected Income and Tax Amounts, (see Exhibit IX) must be used along with Form W-3C, Transmittal of Corrected Income and Tax Statements, (see Exhibit X). In addition to Forms W-2C and W-3C, the Social Security Unit requires that AAFO Form 11, Governmental Employer Report of Social Security Wage Adjustments, (see Exhibit XI) be completed. Where the Social Security Administration or state agency ascertains that an error was made, the necessary adjustment reports must be prepared and submitted in accordance with requirements in effect for the period being corrected and submitted on or before the due date fixed by the Social Security Unit. Adjustments which result in an additional contribution liability must be accompanied by a check(s) made payable to the "OASDHI Trust Account." Adjustments which result in an overpayment of contribution liability must be processed separately and cannot be used to offset the Social Security contribution liability on a current deposit. Only after a credit adjustment has been processed, will credit be issued by the Social Security Unit which may then be used to satisfy future Social Security liability.

(8) *Late Reports.*

(A) If any wage or adjustment report is not received by the Social Security Unit within the deadlines established by sections (3), (4), (6) and (7) of this rule, penalty will be assessed at five dollars (§5) for the first day and one dollar (§1) for each day thereafter from the due date until the completed report is received. Delinquent wage and adjustment reports which result in additional liability shall also be assessed interest on contributions due at a rate equal to that charged by the Social Security Administration. Interest shall not be billed if less than one dollar (§1).

(B) Covered public entities shall transmit to the Social Security Unit, upon notification, the amount of any federal interest and/or penalty on contributions due on any wage or adjustment report which is determined to be delinquent by the Social Security Administration.

(9) *Extension of Time to File Reports.* Public agencies may be granted a reasonable extension of time to file wage

reports required by the state agency if a written request stating in sufficient detail the reasons additional filing time is necessary is mailed to the state agency on or before the report due date.

(10) *Review by the State Agency.* The state agency upon notice may review payroll and disbursement records of any entity covered under a state Social Security Agreement for compliance with federal and state Social Security law.

(A) *General Investigative Audits.* The state agency upon its initiative may conduct investigative field audits of the books and payroll records of any public entity which has adopted coverage. The audits may be conducted at the business office of any participating entity or at any other site mutually convenient to the state agency and the entity. The state agency may require covered entities to submit reconciliation statements disclosing total wages and compensation disbursed for all personal services performed during a designated period for comparison with wages included upon reports for which contributions were paid in that same period.

(B) *Tax Audit for Failure to Pay Contributions and File Reports.* Upon failure or refusal of any political subdivision or instrumentality, or unit thereof, covered by agreement pursuant to section 105.350, RSMo to submit Social Security wage reports or adjustment reports and pay timely contributions in accordance with the terms of the agreement or applicable regulations, the state agency after giving notice may order the entity to make its payroll books and related records available at the business office of the entity, and may audit those books and records to determine the liability for reporting wages, the late-filing penalty and the federal interest charge from the date due until paid. Upon completion of the audit, the entity shall be given the opportunity to make payment. In the event of refusal to make payment, the state agency shall then certify the amount to be collected in accordance with section 105.385, RSMo.

(C) The state agency may recover the actual costs and necessary expenses for the preparation of required Social Security wage and adjustment reports not filed with the state agency by a political subdivision or instrumentality.

(11) Any political subdivision or instrumentality of the state covered under the Social Security program and each state unit making wage payments from nonappropriated local funds may request that the state administrator abate any portion or all of a penalty charge which has been assessed in accordance with section 105.380(2). All such requests must be submitted to the state administrator in writing and establish "good cause." This regulation prescribes no specific standard for "good cause." Generally, "good cause" exists when there are—unusual circumstances over which an entity has no control; emergency situations which are not expected to reoccur; or situations which cannot reasonably be anticipated. Generally "good cause" abatements will be granted in the following situations: death or serious illness of the reporting official or an individual having sole authority to execute a report or payment on behalf of the covered entity or agency or destruction by fire or other casualty of the entity's place of business or business records. The following situations are not considered sufficient reason to grant "good cause" abatements: the entity is situated in a place remote from the state agency; delays are due to procedural problems such as slow processing or warrants or vouchers; failure of responsible officials to meet and approve payments; inability of a state agency to obtain cooperation from an official of the political subdivision; a lack of expertise on the part of the official of a local subdivision; a lack of funds; or failure to notify the state agency of the current mailing

information or failure to receive deposit and/or report forms does not relieve the current reporting official of the obligation to file timely Social Security deposits and reports.]

AUTHORITY: section 105.430, RSMo [1986] 2000. Original rule filed Feb. 13, 1980, effective July 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 21, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Commissioner of Administration, PO Box 809, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 1—OFFICE OF ADMINISTRATION
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PROPOSED AMENDMENT

1 CSR 15-3.200 Subject Matter. The commission is amending the chapter title and the text of the rule.

PURPOSE: This amendment makes the language accommodating exceptions to the standard procedure of the Administrative Hearing Commission more flexible, in order to accommodate grants of jurisdiction that contain different procedural requirements.

This chapter 1 CSR 15-3 contains all procedural regulations for all contested cases assigned to the Administrative Hearing Commission by statute **except as otherwise provided for by law.** [For cases under sections 621.040 and 621.250, RSMo specific statutory provisions may apply in place of these regulations.] This chapter does not apply to cases not assigned to the Administrative Hearing Commission by statute, including cases in which the Administrative Hearing Commission acts as a hearing officer for another agency by interagency agreement.

AUTHORITY: sections 226.008.4 and 621.198, RSMo Supp. [2005] 2013, and sections 536.073.3, 621.035, and 622.027, RSMo 2000. Original rule filed Jan. 11, 2001, effective July 30, 2001. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.210 Definitions. The commission is amending subsections (1)(F) and (1)(K).

PURPOSE: This amendment specifies the commission's new address and clarifies that a limited liability company is a separate legal entity for purposes of the rules of the Administrative Hearing Commission.

(1) As used in this chapter, the following terms mean:

(F) Commission's office—the Administrative Hearing Commission's official residence [in] at **131 West High Street, Third Floor, PO Box 1557**, Jefferson City, MO 65101;

(K) Person—any individual, corporation, **limited liability company**, or other legal entity;

AUTHORITY: section 621.198, RSMo Supp. [2001] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed Jan. 11, 2001, effective July 30, 2001. Amended: Filed June 3, 2002, effective Nov. 30, 2002. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.250 Practice by a Licensed Attorney; When Required. The commission is amending sections (2) and (3).

PURPOSE: This amendment clarifies that a limited liability company is a legal entity that must be represented by an attorney when appearing before the commission pursuant to section 484.010, RSMo.

(2) Any individual may file a complaint on behalf of another person, including a corporation, **limited liability company**, or other legal entity.

(3) Except as set forth in section (2) of this rule, only a licensed attorney may represent any other person, including a corporation, **limited liability company**, or other legal entity. The filing of any document with the commission by a licensed attorney shall be deemed an entry of appearance. An attorney not authorized to practice in Missouri shall enter an appearance in accordance with Missouri Supreme Court Rules.

AUTHORITY: section 621.198, RSMo Supp. [2001] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed June 3, 2002, effective Nov. 30, 2002. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.270 Service of Filings Other Than the Original Complaint. The commission is amending sections (1)–(4).

PURPOSE: This amendment permits service on other parties by e-mail and specifies when service is completed.

(1) Unless otherwise provided by these rules or by other law, any party to a proceeding before the commission or any person who seeks to become a party shall serve upon all attorneys of record and unrepresented parties a copy of any document or item the party files **with the commission**.

(2) Methods of Service.

(A) A person may serve a document on an attorney by—

1. *[Delivering]* **Hand-delivering** it to the attorney;
2. Leaving it at the attorney's office with a secretary, clerk, or attorney associated with or employed by the attorney served;
3. Mailing it to the attorney's last known address; *[or]*
4. **Sending it to the attorney's last known e-mail address; or**
- 4./5. Facsimile transmitting (faxing) it to the attorney's last known fax number.

(B) A person may serve a document on an unrepresented party by—

1. *[Delivering]* **Hand-delivering** it to the party;
2. Mailing it to the party's last known address; *[or]*
3. **Sending it to the party's last known e-mail address; or**
- 3./4. Faxing it to the party's last known fax number.

(C) *[Service by mailing is complete upon placing in the mail. Service by fax is complete upon its transmission.]* Personal service on attorneys and self-represented parties and service by leaving a copy at the attorney's office is complete upon delivery. Service by mail is complete upon mailing. Service by fax transmission or e-mail is complete upon transmission, except that a transmission made on a Saturday, Sunday, or legal holiday, or after 5:00 p.m. shall be complete on the next day that is not a Saturday, Sunday, or legal holiday.

(3) Any document or item filed **with the commission** shall contain or be accompanied by a **signed** certification of service that indicates how and when the filing party has met the provisions of section (1) of this rule. **The certification of service shall state the—**

- (A) Name of the person served;
- (B) Date of service;
- (C) Method of service; and
- (D) Address of service, such as mailing address, fax number, or e-mail address.

(4) The commission, after due notice **to all parties**, may waive the requirements of section (1) of this rule either on its own motion or on the motion of any party.

AUTHORITY: section 621.198, RSMo [1986] 2000. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.290 Filing of Documents; Fax or Electronic Filing; Posting Bond. The commission is amending the rule title, sections (1)–(2), adding sections (3)–(7), and renumbering section (3).

PURPOSE: This amendment allows for electronic filing with the commission and clarifies when documents are deemed filed with the commission when delivered by various means.

(1) A party may file a document **with the commission** by—

(A) **Hand-delivering the document to the commission. A document filed by hand-delivering a physical copy to the commission is deemed filed on the date the commission receives the document;**

[[A)](B) Registered or Certified Mail. A document filed by registered or certified mail, **as defined in section 1.020(1), RSMo**, is deemed filed on the date shown on the records of the United States Post Office *[records;]* **or other common carrier that allows a sender or recipient to electronically track its location and provides record of the signature of the recipient;**

[[B)](C) Electronic *[Facsimile]* Transmission by *[[Fax)]* fax or through an electronic filing system, or its equivalent.

1. A document filed by fax shall follow the procedures set forth in section (2) of this rule.

2. A document filed by electronic filing or its equivalent shall follow the procedures set forth in section (3) of this rule.

3. A document filed by fax or electronic filing is deemed filed at the time the commission receives *[a]* the fax *[of the document.]* **or electronic filing, except that *[[if]* a document arrives by fax or electronic filing after 5:00 p.m. and before 12:00 midnight or on a Saturday, Sunday, or legal holiday, it is filed on the commission's next business day, unless the commission orders otherwise; or**

[(C)](D) Any Other Method. A document filed by any method other than **hand-delivery**, registered mail, certified mail, *[or]* fax, or **electronic filing** is deemed filed on the date the commission receives the document.

(2) A party filing by fax shall—

(A) Fax the document to the commission's dedicated fax number, **(573) 751-5018**;

(3) A party filing by electronic filing shall—

(A) Transmit the document via the commission's dedicated electronic filing system accessible through the commission web site;

(B) E-mail the document, if possible, to all other parties having e-mail capability. If unable to e-mail, a party shall notify all other parties of its intention to file the document by electronic filing. The notice need not be in writing. A good faith attempt at compliance shall satisfy the requirements of this subsection;

(C) If the commission so orders, send the original signed document to the commission;

(D) Certify in the documents the method of notice used to fulfill the requirements of subsection (3)(B) of this rule;

(E) Send a copy of the document to all parties as provided in 1 CSR 15-3.270. The commission may order the party to send a copy of the document to any party by overnight mail; and

(F) E-mail filing outside the commission's electronic filing system is not permitted, except for cases filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA) or as otherwise permitted in writing by the commission.

(4) The provisions of 1 CSR 15-3.350 relating to filing multiple copies of the complaint shall not apply to filings made by fax or electronic filing, unless otherwise required by the commission.

(5) A facsimile or electronic signature shall have the same effect as an original signature. See section 432.230, RSMo.

(6) The commission prefers that any document in excess of fifty (50) pages be filed by electronic filing.

(7) All pleadings and other papers, except exhibits, filed with the commission shall be printed on or formatted to eight and one half by eleven inch (8 ½ x 11") paper and printed on one (1) side only.

[(3)](8) Bonds. A bond is posted when the commission receives the original bond, unless the commission orders otherwise.

AUTHORITY: section 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2010] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will cost the Office of Administration – Information Technology Services Division (ITSD) approximately eighteen thousand seven hundred fifty dollars (\$18,750) in programming costs plus minimal ongoing maintenance costs over the life of the rule.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: OFFICE OF ADMINISTRATION**
Division Title: Administrative Hearing Commission
Chapter Title: Procedure For All Contested Cases Under Statutory Jurisdiction,
Except Cases Where Procedure Is Otherwise Provided For By Law

Rule Number and Name:	1 CSR 15-3.290 Filing of Documents; Fax or Electronic Filing; Posting Bond
Type of Rulemaking:	Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Office of Administration - ITSD	Approximately \$18,750 in programming costs plus minimal ongoing maintenance costs over the life of the rule.

III. WORKSHEET

OA-ITSD has estimated that it will require 5 FTE working a total of approximately 250 hours to implement an Electronic Filing System. For legislative fiscal estimates, OA-ITSD uses a rate of \$75 per hour for programming costs.

$$(250 \text{ hours}) \times (\$75 \text{ per hour}) = \$18,750$$

IV. ASSUMPTIONS

In order to permit parties to file documents electronically with the AHC, a secure and reliable web-based IT solution will be required. OA-ITSD has reviewed commercially available solutions, and determined that in-house programming is the best and lowest cost option. As detailed above, OA-ITSD estimates that it will require 5 FTE working a total of approximately 250 hours to implement an Electronic Filing System. Ongoing maintenance will be minimal. Electronic storage costs will not increase; all documents filed with the AHC are currently being converted and stored in electronic form. AHC staff will operate more efficiently as a result of having to handle and convert fewer paper documents.

The cost described is considered part of the AHC's "allotment" of IT services, so no budgetary request or transfer will be necessary.

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PROPOSED AMENDMENT

1 CSR 15-3.320 Stay of Action under Review. The commission is amending the entire rule and renumbering as needed.

PURPOSE: This amendment recognizes that the name of the Division of Liquor Control has been changed by executive order, clarifies certain requirements for a motion for stay or suspension of an agency's actions, and eliminates the requirement for multiple copies.

(1) Scope and Content. The commission may stay or suspend any action of an administrative agency pending the commission's findings and determination in the cause.

(B) The movant shall include in the motion:

1. The full name, address and telephone number of movant, any attorney representing movant, *[and] the name, address, and telephone number of the respondent and any attorney representing respondent;*

2. Suitable space in the caption for the commission to affix a case number;

3. A clear heading, Motion for Stay;

4. Facts showing why the commission should grant the stay, set forth in numbered paragraphs, each of which shall contain, as far as practical, a single set of circumstances; and

5. A copy of any written notice of the action from which the petitioner is appealing.

[(2) The movant shall file the original and one (1) copy of the motion for stay with the commission.]

[(3)](2) Specific Cases.

(A) International Fuel Tax Agreement (IFTA) Cases. The commission, with or without the filing of a motion, may stay any suspension or revocation of an IFTA license if the licensee files a complaint on that action.

(B) Department of Social Services Cases Under Section 208.156, RSMo. The commission shall not grant a stay until after a full hearing on the motion.

1. The movant must show:

A. That immediate and irreparable injury, loss, or damage will result if such stay order is denied; or

B. That such person has a reasonable likelihood of success upon the merits of the claim; and

2. No stay order shall be issued without the movant posting a bond in such sum as the commission finds sufficient to protect and preserve the interest of the Department of Social Services or its divisions.

3. In no event may the commission grant such stay order where the claim arises under a program or programs funded by federal funds or by any combination of state and federal funds, unless it is specified in writing by the financial section of the appropriate federal agency that federal financial participation will be continued under the stay order and petitioner has met any other statutory conditions.

(C) Franchise Cases *[u]nder* Sections 407.822.1 and 407.1031.1, RSMo. The commission's notice of hearing shall contain a stay of the action from which the petitioner seeks relief. The stay shall dissolve only as set forth in section (7) and not section (8) of this rule.

(D) **Division of Liquor Control Cases, or any successor thereof.** The commission, with or without the filing of a motion, may stay any order of the supervisor of the Division of Liquor Control if the licensee files a complaint.

[(4)](3) The commission, upon either party's request~~], shall hold~~ or, on its own initiative, may hold an evidentiary hearing on whether to issue a stay order, except as provided in subsections *[(3)](2)(B)* and *[(3)](2)(C)* of this rule.

[(5)](4) The commission may condition its stay order on the posting of a bond or other security, except as provided in subsection *[(3)](2)(B)* of this rule. A bond or other security is posted when the commission receives it.

[(6)](5) The denial of a motion for stay shall not prejudice the movant's complaint on the merits.

[(7)](6) The commission's stay order shall remain effective until the commission finally disposes of the case unless the commission orders otherwise. The commission shall not order otherwise as to a case under subsection *[(3)](2)(C)* of this rule.

[(8)](7) The commission, upon either party's request~~], shall hold~~ or, on its own initiative, may hold an evidentiary hearing on whether to dissolve a stay order, except as provided in subsection *[(3)](2)(C)* of this rule.

AUTHORITY: section 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2007] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.350 Complaints. The commission is amending sections (1), (2), and (4).

PURPOSE: This amendment eliminates the requirement for filing multiple copies of a complaint when it is filed electronically, mirrors statutory language regarding filing fees for franchising cases under Chapter 407, RSMo, and clarifies the requirements for a complaint filed under Chapter 36, 105, or 162, RSMo.

(1) In General. The commission shall construe the provisions of this rule liberally if petitioner has prepared the complaint without legal counsel.

(D) Petitioner shall file the original of the complaint at the commission's office with sufficient copies for all parties, **unless filing the complaint via fax or e-mail in accordance with 1 CSR 15-3.290.**

(2) Specific Cases. In addition to the other requirements of this rule—

(A) An agency's complaint shall set forth—

1. The full name, address, and telephone number of any person whom petitioner names as a respondent;

2. *[Any]* A description of any licenses the licensee holds from the agency and their status;

3. Any fact supporting the relief that the agency seeks, including any conduct that a licensee has committed that is cause for discipline, with sufficient specificity to enable the licensee to address the charge at hearing; and

4. Any provision of law that allows discipline for such facts.

(D) In a case arising pursuant to Chapter 407, RSMo, including cases relating to the protest of an action taken by a motor vehicle, motorcycle, or all-terrain vehicle manufacturer, distributor, or representative pursuant to a franchise agreement, the petition shall include a filing fee in the amount *[of one hundred five dollars (\$105)]* equal to the filing fee of the circuit court of Cole County pursuant to section 621.053, RSMo.

(E) In a case arising pursuant to section 105.055, 36.280, 36.370, 36.380, or 36.390, RSMo, the petition shall include a copy of any notice of the action of which the employee seeks review and shall state—

1. The action being appealed; and

2. In the case of a dismissal, suspension for greater than five (5) days, or demotion, the reason the employee alleges that the dismissal, suspension, or demotion was—

A. For political reasons;

B. For religious reasons;

C. For racial reasons; *[or]*

D. Not *[for]* in the interest of efficient administration and that the good of the service~~[/]~~ was not served; or

E. For reasons prohibited by section 105.055, RSMo. The petitioner may, but is not required to, utilize a form provided by the commission on its website for purposes of appeals covered by this subsection.

(4) Amended Complaint

(A) Petitioner may amend the complaint without the commission's leave any time before the respondent serves a responsive pleading. After the respondent serves a responsive pleading, petitioner shall amend the complaint only with the commission's leave. The motion shall include the amended complaint proposed to be filed. *[Petitioner shall not amend the complaint less than twenty (20) days before the hearing without respondent's consent.]*

(B) For cases filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA), a party may amend its due process complaint only if—

1. The other party consents in writing to the amendment and the other party is given the opportunity to resolve the due process complaint through a meeting held pursuant to 34 CFR 300.510; or

2. The commission grants permission. Pursuant to 34 CFR 300.508(d)(3)(ii), no leave to amend shall be granted by the commission less than five (5) days before the due process hearing is scheduled to begin.

AUTHORITY: section 621.035, RSMo 2000, and sections 621.053 and 621.198, RSMo Supp. [2010] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.380 Answers and Other Responsive Pleadings. The commission is amending sections (3), (5), and (7).

PURPOSE: This amendment clarifies that an answer in a case filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA) is due within ten (10) days after receipt of the complaint.

(3) The respondent shall file any responsive pleading within the following times—

(D) For cases filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA), except as provided in 34 CFR 300.508(e), within ten (10) days of receiving the due process complaint.

(5) Except by leave of the commission, *[T]*the respondent shall file an answer to an amended complaint within the latest of:—

(7) Failure to File.

(B) Except in cases under section 36.280, 36.370, 36.380, 36.390, 407.822.1, or 407.1031.1, RSMo, petitioner shall file the motion not fewer than thirty (30) days before the hearing on the complaint or the motion shall be waived. In cases under section 407.822.1 or 407.1031.1, RSMo, petitioner shall file a motion for a remedy only with the *[commissioner's]* commission's leave and pursuant to a schedule ordered by the commission.

(E) In cases in which a default decision has been entered under section 621.045.6, RSMo, the commission may set aside the default when respondent files a motion to set aside the default decision within thirty (30) days after entry of the default, stating facts constituting a meritorious defense and good cause for not having filed an answer or other responsive pleading.

AUTHORITY: section 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2010] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.390 Intervention. The commission is amending section (2) and is creating new section (4) out of the text that was section (3).

PURPOSE: This amendment makes the commission's filing requirements for intervention more consistent with procedure in the circuit courts.

(2) A motion to intervene shall—

(B) Be served on all the parties;

[(B)](C) Set forth facts showing that the person is entitled, or should be permitted, to intervene;

[(C)](D) Be signed by the person or the person's attorney;

[(D)](E) Be accompanied by a pleading that sets forth the relief, claim, or defense for which intervention is sought.

(3) The commission's order, ruling on the motion to intervene, shall set the date on which intervenor's pleading is filed.

(4) When the commission grants a motion to intervene as petitioner, a responsive pleading to the intervenor-petitioner's complaint shall be due thirty (30) days after the date on which such intervenor-petitioner's complaint is filed, as set by the commission's order. A responsive pleading to the intervenor-petitioner's complaint shall be otherwise governed by rule 1 CSR 15-3.380.

AUTHORITY: section 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2007] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 1—OFFICE OF ADMINISTRATION
Division 15—Administrative Hearing Commission
Chapter 3—Procedure For All Contested Cases Under
Statutory Jurisdiction, Except Cases Where Procedure Is
Otherwise Provided For By Law

PROPOSED AMENDMENT

1 CSR 15-3.410 Closing of Case Records and Hearings. The commission is amending the purpose and the rule, creating new sections (1) and (2).

PURPOSE: This amendment clarifies that parties seeking to close records or portions of records filed with the commission are responsible for identifying and redacting information that may be closed.

PURPOSE: This rule describes the procedure for closing records or a hearing in a particular case, and redaction of personal information from documents filed with the Administrative Hearing Commission, but does not constitute legal authority for closing a record or hearing.

(1) Any party to a case may move to close any record or hearing, or any portion thereof, in that case. The motion shall be in writing. The party shall file it no fewer than fourteen (14) days before the date the party wants the matter closed. The motion shall cite the legal authority under which the commission may close the record or hearing.

(2) The responsibility for redacting information that may be closed pursuant to Missouri's Open Record Laws, Chapter 610 including records protected from disclosure by other laws pursuant to section 610.021(14), RSMo, from a document rests solely with counsel, the parties, or any other person preparing or filing that document. The commission's staff will not review each document for compliance with this regulation. Information that may be closed includes, but is not limited to:

(A) Social Security numbers;

(B) Testing and examination material used by an agency;

(C) Software codes for electronic data processing;

(D) Financial institution account numbers, credit card numbers, personal identification numbers, or passwords used to secure accounts; and

(E) Personal health information.

AUTHORITY: section 621.198, RSMo Supp. [2001] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed June 3, 2002, effective Nov. 30, 2002. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.420 Discovery. The commission is amending section (2).

PURPOSE: This amendment makes commission requirements for filing a certificate of service for discovery requests more consistent with procedure in the circuit courts.

(2) Service and Responses.

(A) A party serving written interrogatories; requests for admissions, production of documents or things or permission to enter upon land or other property, for inspection and other purposes; and physical and mental examinations, shall include a certificate of service in substantially the following form:

I served the original and (number of) copies of these (written interrogatories/production of documents or things or permission to enter upon land or other property, for inspection and other purposes/physical and mental examinations/requests for admission) on (name and address of parties or attorneys) this _____ day of _____, 20_____.

(Signature) _____

The party shall file a copy of the certificate with the commission. The party shall serve the original discovery on the party to whom it is directed.

1. The party shall not file written interrogatories; requests for production of documents or things or permission to enter upon land or other property, for inspection and other purposes; and physical and mental examinations with the commission unless the commission so orders.

2. The party may file requests for admissions with the commission.

(C) The party responding to requests for admissions or interrogatories shall complete them by [typewriting or] printing the answer or objection to each question in the space provided. If the space is insufficient, the party shall reply by affidavit, clearly indicate so in the space provided, and attach the affidavit to the interrogatories or requests for admissions. Each response shall include a certificate of service in substantially the following form:

I served the original of these completed (written interrogatories/requests for admission) on (name of party) and sent (number of) copies to (name and address of parties or attorneys) this _____ day of _____, 20_____.

(Signature) _____

The responding party shall file the certificate of service with the commission and shall not file the response unless the commission so orders. The responding party shall serve the original completed response on the interrogating party and copies on all other parties.

AUTHORITY: sections 536.073 and 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2005] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 1—OFFICE OF ADMINISTRATION
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PROPOSED AMENDMENT

1 CSR 15-3.425 Sanctions. The commission is amending section (2).

PURPOSE: This amendment permits the commission to dismiss a case under certain circumstances.

(2) Sanctions available under this rule include without limitation:

(B) Deeming all or any part of an opposing party's pleading admitted; [or]

(C) Barring or striking all or any evidence on any issue[.]; **or**

(D) Dismissing the case.

AUTHORITY: section 621.198, RSMo Supp. [2001] 2013. Original rule filed June 3, 2002, effective Nov. 30, 2002. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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PROPOSED AMENDMENT

1 CSR 15-3.431 Voluntary Dismissal, Settlement, and Consent Orders. The commission is amending section (3).

PURPOSE: This amendment accommodates the repeal and reenactment of section 620.149 as section 324.038, RSMo, in S.B. 788 (2008).

(3) Consent Orders.

(A) Generally. A consent order is the commission's dismissal, or recommended dismissal, and memorialization that all parties have agreed to dispose of the case without the commission's decision or recommended decision, except in cases under section [620.149] 324.038, RSMo, or contested cases under section 621.045, RSMo.

(B) Cases Under Section [620.149] 324.038, RSMo, and Contested Cases Under Section 621.045, RSMo. A consent order in a case under section [620.149] 324.038, RSMo, or a contested case under section 621.045, RSMo, requires a decision by the commission. A motion for consent order in such a case is subject to rule 1 CSR 15-3.446.

AUTHORITY: sections 536.073.3 and 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2010] 2013. Original rule filed July 2, 2008, effective Jan. 1, 2009. Amended: Filed Aug. 30, 2010, effective Feb. 28, 2011. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 1—OFFICE OF ADMINISTRATION
Division 15—Administrative Hearing Commission
Chapter 3—Procedure For All Contested Cases Under
Statutory Jurisdiction, Except Cases Where Procedure Is
Otherwise Provided For By Law**

PROPOSED AMENDMENT

1 CSR 15-3.446 Decision on the Complaint without a Hearing. The commission is amending sections (5) and (6).

PURPOSE: This amendment states the commission's preference that motions for summary decision be drafted as required by the circuit courts.

(5) Consent Orders in Cases Under Section [620.149] **324.038**, RSMo, and Contested Cases Under Section 621.045, RSMo. A motion for a consent order shall contain stipulated facts necessary to support the relief sought under the cited legal authority. Parties seeking a consent order under this section shall jointly file a motion that includes substantially the following language:

The parties stipulate that (party) committed the following conduct:
(Conduct).

(Party) admits that such conduct is cause for (the relief sought) under the following legal authority:

(Legal Authority).

Therefore, the parties agree to (the relief sought).

(6) Summary Decision. Summary decision is a motion for decision without hearing that relies on matters outside the pleadings and is not filed jointly by all parties.

(D) With regard to motions for summary decision, the commission prefers that—

1. A motion for summary decision summarily state the legal basis for the motion and have a statement of uncontroverted material facts attached to the motion. The statement should state with particularity in separately numbered paragraphs each material fact as to which the party filing the motion claims there is no genuine issue, with specific reference to the pleadings, discovery, exhibits, or affidavits that demonstrate the lack of a genuine issue as to such facts. Attached to the statement should be a copy of all discovery, exhibits, or affidavits on which the motion relies. The party filing the motion should also file a separate legal memorandum explaining why summary decision should be granted; and

2. The adverse party may file a response to the motion for summary decision within the time ordered by the commission and shall serve the response on all parties. To the extent possible, the response should admit or deny each enumerated statement of fact set forth in the motion, and each denial should be supported with specific references to the discovery, exhibits, or affidavits that demonstrate specific facts showing that there is a genuine issue of fact. The response may also set forth additional material facts that remain in dispute, with supporting documentation.

AUTHORITY: sections 536.073.3 and 621.035, RSMo 2000, and section 621.198, RSMo Supp. [2010] 2013. Original rule filed July 2, 2008, effective Jan. 1, 2009. Emergency amendment filed Aug. 30, 2010, effective Sept. 9, 2010, expired March 7, 2011. Amended: Filed Aug. 30, 2010, effective Feb. 28, 2011. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 1—OFFICE OF ADMINISTRATION
Division 15—Administrative Hearing Commission
Chapter 3—Procedure For All Contested Cases Under
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PROPOSED AMENDMENT

1 CSR 15-3.560 Fees and Expenses. The commission is amending the rule.

PURPOSE: This amendment specifies the procedure to be followed by a party seeking attorneys' fees in certain tax cases and cases filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA).

A party may file a complaint for litigation fees and expenses as authorized by law. Such complaint shall be a separate contested case. The complaint for fees and expenses shall be governed by [Chapter 536/ section 536.087, RSMo/], or, in certain tax cases by section 136.315, RSMo. For cases filed under section 162.961, RSMo, Individuals with Disabilities Education Act (IDEA), the complaint for fees and expenses shall be filed in the appropriate court as authorized by 34 CFR 300.517.

AUTHORITY: section 621.198, RSMo Supp. [2010] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed Oct. 31, 1994, effective May 28, 1995. Amended: Filed Jan. 11, 2001, effective July 30, 2001. Amended: Filed Aug. 30, 2010, effective Feb. 28, 2011. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 1—OFFICE OF ADMINISTRATION
Division 15—Administrative Hearing Commission
Chapter 3—Procedure For All Contested Cases Under
Statutory Jurisdiction, Except Cases Where Procedure Is
Otherwise Provided For By Law

PROPOSED AMENDMENT

1 CSR 15-3.580 Certifications of Records. The commission is amending the entire rule.

PURPOSE: This amendment makes commission procedure more consistent with procedure in the circuit courts regarding the content of the record on appeal and the procedure by which the commission shall cause the record to be certified to a court or agency.

(1) Record Defined.

(A) As used in this rule, the term record has the meaning set forth in section 536.130.1[(3)], RSMo [1986, unless the parties agree otherwise as provided by section 536.130.1(1) or (2), RSMo].

[(B) Unless a party specifically and in writing requests otherwise before the commission has certified the record, the record shall not include:

1. Briefs;
2. Proposed findings of fact; and
3. Proposed conclusions of law.]

(B) Such record shall consist of any one (1) of the following:

1. Such parts of the record, proceedings and evidence before the commission as the parties by written stipulation filed with the commission may agree upon before the commission has certified the record;

2. Any agreed statement of the case that is agreed to by all the parties and approved as correct by the commission; or

3. A complete transcript of the entire record, proceedings and evidence before the commission, but any matter not essential to the decision of the questions presented by the complaint may be omitted, but the commission's decision, order and findings of fact and conclusions of law shall be included in every case. Documents may be abridged by the omission of irrelevant and formal parts thereof, including, but not limited to, briefs, proposed findings of fact and proposed conclusions of law, hearing notices, miscellaneous correspondence, motions, objections and responses, or commission orders not material to the decision.

(2) The commission shall certify and transmit the record as follows.

(A) Agency. In any case under section 621.110, RSMo [2000], in which the commission finds that there is cause for discipline, the commission shall cause the record to be certified[,] and transmitted[,] to the agency.

(B) Circuit Court. The commission shall cause the record to be certified to, and filed with, a circuit court as provided in Supreme Court Rule 100.01 within thirty (30) days of the date on which it receives a copy of the petition for judicial review as set forth in section 536.110, RSMo [2000].

(C) Appellate Court. The commission shall cause the record to be certified to, and filed with, an appellate court of original jurisdiction as provided in Supreme Court Rule 100.02 within [ninety (90)] **thirty (30)** days of the date on which it receives a copy of the petition for judicial review or notice of appeal as set forth [at] in Supreme Court Rule 100.02(d).

(3) Any party may file a motion with the commission for an amended certification. The commission may file an amended certification to include specified matters omitted from the **original** certification. The

commission shall not file an amended certification deleting matters included in the **original** certification.

AUTHORITY: section 621.198, RSMo Supp. [2001] 2013. Original rule filed Aug. 5, 1991, effective Feb. 6, 1992. Amended: Filed June 3, 2002, effective Nov. 30, 2002. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Administrative Hearing Commission, PO Box 1557 Jefferson City, MO 65102-1557. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 1—OFFICE OF ADMINISTRATION
Division 20—Personnel Advisory Board and
Division of Personnel
Chapter 5—Working Hours, Holidays and Leaves
of Absence

PROPOSED AMENDMENT

1 CSR 20-5.015 Definition of Terms. The Personnel Advisory Board is amending subsection (1)(C).

PURPOSE: This amendment updates the definition of sick leave.

(1) The following words and terms, used with specific intent throughout this rule and 1 CSR 20-5.020 or in their administration, are defined for clarity:

(C) Sick leave is a benefit granted by the state to the employee in the form of paid time off from work due to illness **or for other circumstances**, under the conditions set forth in 1 CSR 20-5.020(2) or for Personal Wellness Leave as set forth in 1 CSR 20-5.020(2);

AUTHORITY: section 36.060, RSMo Supp. 2013, and section 36.070, RSMo 2000. Original rule filed July 21, 1994, effective Feb. 26, 1995. Amended: Filed Sept. 15, 1999, effective April 30, 2000. Amended: Filed Sept. 11, 2013, effective March 30, 2014. Amended: Filed Sept. 27, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Personnel Advisory Board, Nancy Johnston, Director of Personnel, PO Box 388, Jefferson City, MO 65102. To be considered, comments must be received by the date of the public hearing. A public hearing is scheduled for 9:30 a.m., December 13, 2016, in the board room, Room 430 of the Harry S Truman State Office Building, 301 W. High Street, Jefferson City, Missouri.

**Title 1—OFFICE OF ADMINISTRATION
Division 20—Personnel Advisory Board and
Division of Personnel
Chapter 5—Working Hours, Holidays and Leaves
of Absence**

PROPOSED AMENDMENT

1 CSR 20-5.020 Leaves of Absence. The Personnel Advisory Board is amending sections (2) and (7).

PURPOSE: This amendment updates the permitted uses for sick leave, clarifies provisions regarding adoption leave, and modifies requirements regarding Family Medical Leave Act (FMLA) eligibility.

(2) Sick leave shall be governed by the following provisions:

(A) Except to the extent restricted below, sick leave under these rules is defined to mean a period in which the employee is incapacitated for the performance of assigned duties by sickness or injury, or by pregnancy, childbirth, and recovery from them, **or for bonding time with a child within twelve (12) months of the birth or adoption placement of the employee's child**, or periods of time required for medical, surgical, dental, or optical examination or treatment, or where through exposure to contagious disease the presence of the employee on duty would jeopardize the health of others, and shall also include leave requested and approved for the specific purpose of Personal Wellness Leave under specific conditions set forth in 1 CSR 20-5.020(2)(0);

(M) When an employee's personal care and attention is required in connection with the adoption of a child, loss of time that is supported by appropriate documentation will be referred to as adoption leave. **An employee's opportunity to use adoption leave expires at the end of the twelve- (12-) month period beginning on the date of placement of the child.** Such leave will be charged against the employee's accumulated sick leave unless the employee elects to use annual leave or compensatory time. The final decision concerning the granting of leave under this section shall rest with the appointing authority and shall be based upon the degree to which the employee is responsible for providing personal care and attention;

(7) Leaves of absences without pay shall be governed by the following provisions:

(B) **Except to the extent modified in these rules, [L]eaves of absence without pay for family and medical care shall be granted in accordance with the provisions of the federal Family and Medical Leave Act of 1993.**

1. For the purposes of family and medical care leave, the following words and terms, unless the content clearly requires otherwise, shall have the meaning indicated as follows:

A. Child means a biological, adopted or foster child, a stepchild, a legal ward or a child of a person standing in *loco parentis*, who is under eighteen (18) years of age or eighteen (18) years of age or older and incapable of self-care because of a mental or physical disability;

B. Eligible employee means an employee who has been employed for at least *[twelve (12)] six (6)* months and who has worked at least *[one thousand two hundred and fifty (1,250)] six hundred and twenty-five (625)* hours within that time is eligible for a maximum of twelve (12) work weeks of unpaid leave during the year;

C. Employer, for the purposes of the Family and Medical Leave Act of 1993 and this section, the state of Missouri constitutes a single public employer;

D. Parent means the biological parent of an employee or an individual who stands or stood in *loco parentis* to an employee when the employee was a child. This term does not include parents-in-law;

E. Serious health condition means an illness, injury, impairment, or physical or mental condition that involves—

(I) Any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical care facility;

(II) Any period of incapacity requiring absence from work, school, or other regular daily activities, of more than three (3) calendar days, that also involves continuing treatment by, or under the supervision of, a health care provider; or

(III) Continuing treatment by, or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three (3) calendar days; or for prenatal care;

F. Spouse means a husband or wife as defined or recognized under state law for purposes of marriage;

G. Substantially equivalent position means a position that has the same pay, benefits, and working conditions, including privileges, prerequisites, and status. It must involve the same or substantially similar duties and responsibilities, which must entail substantially equivalent skill, effort, responsibility, and authority; and

H. Year means the current month and preceding eleven (11) months;

2. An eligible employee shall be granted leave without pay for the following causes and under the following conditions:

A. The birth or adoption of a child in accordance with the following provisions:

(I) Entitlement to leave for the purpose of adoption or for the birth of a child is limited to twelve (12) calendar months from the date of the birth or adoption of the child; and

(II) The employee shall request leave in writing at least thirty (30) days prior to the commencement of leave or in the event of an emergency as soon as reasonably practical; also

(III) In the event that both parents are employees of Missouri, leaves for the birth or adoption of a child shall **not** be limited *[to a period of twelve (12) weeks between parents/employees;] only because both parents are employees of Missouri. Each parent/employee may take FMLA leave, in accordance with the FMLA and these rules, up to the maximum FMLA entitlement under the law and these rules;*

B. To provide care for a child, spouse, or parent with a serious health condition; and

C. For treatment of the employee's serious health condition;

3. The following regulations shall apply to any of the family or medical leave requests:

A. The employee may take leave on an intermittent basis with prior approval of the appointing authority;

B. Employees shall be required to provide medical certification as to the need for leave of absence to obtain treatment for themselves or to care for a child, spouse, or parent when requested;

C. At the appointing authority's discretion, employees may be required to transfer to another position to better accommodate an intermittent leave schedule;

D. The appointing authority may require accumulated sick leave or annual leave to be utilized prior to granting leave without pay;

E. Sick leave or annual leave utilized for the purposes of family or medical leave, whether at the employee's option or at the appointing authority's direction, shall be considered part of the twelve- (12-)/-/ week leave obligation;

F. The employee is entitled to be returned to the position from which leave was granted or to a position that is substantially equivalent;

G. The employee shall suffer no loss in benefits accrued prior to the commencement of the leave of absence without pay;

H. Except as provided in Missouri statute or rules, the employee shall not be eligible to accrue benefits during the period of leave of absence without pay; and

I. The employer shall continue to provide what is currently paid toward the employee's same medical insurance coverage during

the period of leave not to exceed twelve (12) weeks.

AUTHORITY: section 36.070, RSMo 2000. Original rule filed Aug. 20, 1947, effective Aug. 30, 1947. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 27, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Personnel Advisory Board, Nancy Johnston, Director of Personnel, PO Box 388, Jefferson City, MO 65102. To be considered, comments must be received by the date of the public hearing. A public hearing is scheduled for 9:30 a.m., December 13, 2016, in the board room, Room 430 of the Harry S Truman State Office Building, 301 W. High Street, Jefferson City, Missouri.

**Title 5—DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 400—Office of Educator Quality**

PROPOSED AMENDMENT

5 CSR 20-400.640 Certification Requirements for Initial Student Services Certificate. The State Board of Education is proposing to amend section (1) and delete subsection (1)(F).

PURPOSE: This amendment removes the issuance of an Initial Student Services Certificate for the area of Speech-Language Pathologist.

(1) An applicant for a Missouri Initial Student Services Certificate, valid for a period of four (4) years, may be granted an Initial Student Services Certificate subject to the certification requirements found in 5 CSR 20-400.500 and the following additional requirements:

(B) The Initial Student Services Certificate for Elementary Counselor (Grades K-8), valid for a period of four (4) years from the effective date of the certificate, will be issued to those persons meeting the following requirements:

1. Recommendation for certification from the designated official of a counselor preparation program approved by the department;
2. Completion of a course in Psychology/Education of the Exceptional Child; and

3. The applicant must possess either—

- A. Completion of a master's degree with a major emphasis in guidance and counseling from a college or university meeting approval of the department based upon the completion of a planned program of at least forty-two (42) semester hours of approved graduate credit in courses in guidance and counseling with at least twelve (12) semester hours focused upon guidance in the elementary schools—

- (I) Knowledge and/or competency in each of the following areas:

- (a) Student Development—
 - I. Human Growth and Development;
 - II. Counseling Theories and Interventions;
 - III. Helping Relationships;
 - IV. Social and Cultural Diversity;
 - V. Appraisal of Student Growth and Achievement;

and

- VI. Career Development and Planning;

- (b) Program Implementation—

- I. Structural Components;

- II. Program Components;

- III. Technology; and

- IV. Program, Personnel, and Results Evaluation;

- (c) Professional Relationships—

- I. Interpersonal Skills;

- II. Collaboration;

- III. Consultation Theories and Strategies; and

- IV. School and Community Involvement;

- (d) Leadership and Advocacy—

- I. Personal Well-Being;

- II. Leadership and Professionalism;

- III. Student Advocacy;

- IV. Program Leadership; and

- V. School Climate and Culture;

- (e) Ethical and Professional Conduct—

- I. Ethical Standards;

- II. Professional Standards;

- III. District and School Policies; and

- IV. Legal Requirements; and

- (II) Field and Clinical Experience (three (3) semester hours minimum of three hundred (300) clock hours)—

- (a) Culminating Clinical Experience. This refers to an elementary school placement(s) in which candidates actively participate and complete class assignments and work with students as requested while under the supervision of a counselor. The candidate should experience a wide range of class settings and have opportunities to collaborate with the supervising counselor, preparation program supervisors, and/or other stakeholders working to improve student learning;

- B. A master's degree or higher degree in education, school counseling, counseling, counseling psychology, rehabilitation counseling, or a closely-related mental health discipline; and completed additional graduate coursework specific to school counseling, as designated by the recommending certification official approved by the department; along with the following:

- (I) Possess a bachelor's degree in education from [a] an educator preparation program approved by the department; or

- (II) Complete a curriculum in teaching methods and practices, classroom management, and the psychology of the exceptional child, as specified by the recommending certification officer of a program approved by the department; and

- (III) Field and Clinical Experience (minimum of three hundred (300) clock hours)—

- (a) Culminating Clinical Experience. This refers to an elementary school placement(s) in which candidates actively participate and complete class assignments and work with students as requested while under the supervision of a counselor. The candidate should experience a wide range of class settings and have opportunities to collaborate with the supervising counselor, preparation program supervisors, and/or other stakeholders working to improve student learning; and

4. Must achieve a score equal to or in excess of the qualifying score of any assessment(s) required by the State Board of Education (board). The official score report shall be submitted to the department;

- (C) The Initial Student Services Certificate for Secondary Counselor (Grades 7-12), valid for a period of four (4) years from the effective date of the certificate, will be issued to those persons meeting the following requirements:

1. Recommendation for certification from the designated official of an approved counselor preparation program;

2. Completion of a course in Psychology/Education of the Exceptional Child; and

3. The applicant must possess either—

- A. A master's degree with a major emphasis in guidance and

counseling from a college or university meeting approval of the department based upon the completion of a planned program of at least forty-two (42) semester hours of approved graduate credit in courses in guidance and counseling with at least twelve (12) semester hours focused upon guidance in secondary schools—

(I) Knowledge and/or competency in each of the following areas:

- (a) Student Development—
 - I. Human Growth and Development;
 - II. Counseling Theories and Interventions;
 - III. Helping Relationships;
 - IV. Social and Cultural Diversity;
 - V. Appraisal of Student Growth and Achievement;

and

- VI. Career Development and Planning;
- (b) Program Implementation—
 - I. Structural Components;
 - II. Program Components;
 - III. Technology; and
 - IV. Program, Personnel, and Results Evaluation;
- (c) Professional Relationships—
 - I. Interpersonal Skills;
 - II. Collaboration;
 - III. Consultation Theories and Strategies; and
 - IV. School and Community Involvement;
- (d) Leadership and Advocacy—
 - I. Personal Well-Being;
 - II. Leadership and Professionalism;
 - III. Student Advocacy;
 - IV. Program Leadership; and
 - V. School Climate and Culture; and
- (e) Ethical and Professional Conduct—
 - I. Ethical Standards;
 - II. Professional Standards;
 - III. District and School Policies; and
 - IV. Legal Requirements; and

(II) Field and Clinical Experience (minimum of three hundred (300) clock hours—

(a) Culminating Clinical Experience. This refers to a secondary school placement(s) in which candidates actively participate and complete class assignments and work with students as requested while under the supervision of a counselor. The candidate should experience a wide range of class settings and have opportunities to collaborate with the supervising counselor, preparation program supervisors, and/or other stakeholders working to improve student learning.

B. A master's degree or higher degree in education, school counseling, counseling, counseling psychology, rehabilitation counseling, or a closely-related mental health discipline; and completed additional graduate coursework specific to school counseling, as designated by the recommending certification official approved by the department; along with the following:

(I) Possess a bachelor's degree in education from /a/ an educator preparation program approved by the department; or

(II) Complete a curriculum in teaching methods and practices, classroom management, and the psychology of the exceptional child, as specified by the recommending certification officer of a program approved by the department; and

(III) Field and Clinical Experience (minimum of three hundred (300) clock hours)—

(a) Culminating Clinical Experience. This refers to an elementary school placement(s) in which candidates actively participate and complete class assignments and work with students as requested while under the supervision of a counselor. The candidate should experience a wide range of class settings and have opportunities to collaborate with the supervising counselor, preparation program supervisors, and/or other stakeholders working to improve student learning;

4. Must achieve a score equal to or in excess of the qualifying score of any assessment(s) required by the board. The official score report shall be submitted to the department;

(D) The Initial Student Services Certificate for School Psychological Examiner (Kindergarten – Grade 12), valid for a period of four (4) years from the effective date of the certificate, will be issued to those persons meeting the following requirements:

1. The applicant shall hold a valid Missouri professional teaching certificate or student services certificate of license to teach as an elementary or secondary school counselor;

- A. Counseling Psychology;
- B. Educational Psychology;
- C. School Counseling; and
- D. Education;

2. Recommendation for certification from the designated official of an approved Psychological Examiner preparation program;

3. Completion of a course in Psychology/Education of the Exceptional Child; and

4. A minimum of twenty-four (24) semester hours of professional preparation at the graduate level with competencies demonstrated in all areas listed to the satisfaction of an approved preparation program—

A. Course/s/ Areas—

(I) Psychological Development: Child, Adolescent, or Developmental Psychology;

(II) Psychology of Education;

(III) Statistical Methods;

(IV) Mental Hygiene or Psychology of Personality;

(V) Psychological Tests and Measures for the Analysis of Student Performance;

(VI) Individual Intelligence Tests; and

(VII) Individual Diagnostic Assessment (other than the Wechsler Intelligence Scale for Children and the Stanford-Binet Intelligence Scale);

B. Competencies—

(I) Methods and/or Techniques of Interpretation of Tests;

(II) Analysis and Diagnosis of Learning Problems, including special consideration of low-incidence populations;

(III) Interpretation of Formal and Informal Diagnostic Assessments and their Application for Prescriptive Instruction;

(IV) Utilization of Knowledge of Classroom Environment, Psychological Principles, and Test Date to Plan for Management of Special Needs Children;

(V) Diagnostic Interviewing Techniques;

(VI) Process of Staffing with Other Professionals to Develop Instructional Strategies; and

(VII) Administration and Interpretation of the Wechsler Intelligence Scale for Children and the Stanford-Binet Intelligence Scale; and

C. Field and Clinical Experiences (minimum of one hundred fifty (150) clock hours)—

(I) Culminating Clinical Experience. This culminating clinical experience must be in an educational or clinical setting with children and youth of school and the administration and interpretation of individual intelligence tests, formal and informal diagnostic procedures, and the application of the information to develop instructional strategies; and

(E) The Initial Student Services Certificate for School Psychologist, valid for a period of four (4) years from the effective date of the certificate, will be issued to those persons meeting the following requirements:

1. Completion of a specialist or higher degree with a major emphasis in school psychology from an approved School Psychologist preparation program;

2. Recommendation for certification from the designated official of a School Psychologist preparation program approved by the department;

3. A minimum of sixty (60) semester hours of professional

preparation at the graduate level with competencies demonstrated in all areas listed to the satisfaction of an approved School Psychologist preparation program—

- A. Psychological Foundations—
 - (I) Biological Bases of Behavior;
 - (II) Human Learning;
 - (III) Social and Cultural Bases of Behavior;
 - (IV) Child and Adolescent Development;
 - (V) Individual Differences, including human exceptionalities; and
 - (VI) Developmental Psychology;
- B. Educational Foundations—
 - (I) Instructional Design; and
 - (II) Organization and Operations of Schools;
- C. Interventions/Problem Solving—
 - (I) Diverse Methods and Models of Assessment;
 - (II) Linked to Direct Interventions; and
 - (III) Linked to Indirect Interventions;
- D. Statistics and Research Methodologies—
 - (I) Statistics;
 - (II) Research and Evaluation Methods; and
 - (III) Measurement; and
- E. Professional School Psychology—
 - (I) History and Foundations of School Psychology;
 - (II) Legal and Ethical Issues;
 - (III) Professional Issues and Standards;
 - (IV) Alternative Models for Delivery of School Psychological Services;
 - (V) Emergent Technologies; and
 - (VI) Roles and Functions of the School Psychologist;
- 4. Competencies—

A. Data-Based Decision Making and Accountability. School psychologists have knowledge of varied models and methods of assessment and data collection methods for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes. As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to use psychological and educational assessment, data collection strategies, and technology resources and apply results to design, implement, and evaluate response to services and programs;

B. Consultation and Collaboration. School psychologists have knowledge of varied models and strategies of consultation, collaboration, and communication applicable to individuals, families, groups, and systems and methods to promote effective implementation of services. As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to consult, collaborate, and communicate effectively with others;

C. Interventions and Instructional Support to Develop Academic Skills. School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curricula and instructional strategies. School psychologists, in collaboration with others, demonstrate skills to use assessment and data collection methods and to implement and evaluate services that support cognitive and academic skills;

D. Interventions and Mental Health Services to Develop Social and Life Skills. School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social-emotional functioning and mental health. School psychologists, in collaboration with others, demonstrate skills to use assessment and data-collection methods and to implement and evaluate services that support socialization, learning, and mental health;

E. School-Wide Practices to Promote Learning. School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; technology

resources; and evidence based school practices that promote learning and mental health. School psychologists, in collaboration with others, demonstrate skills to develop and implement practices and strategies to create and maintain effective and supportive learning environments for children and others;

F. Preventive and Responsive Services. School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multi-tiered prevention, and evidence-based strategies for effective crisis response. School psychologists, in collaboration with others, demonstrate skills to promote services that enhance learning, mental health, safety, and physical well-being through protective and adaptive factors and to implement effective crisis preparation, response, and recovery;

G. Family-School Collaboration Services. School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence-based strategies to support family influences on children's learning and mental health; and strategies to develop collaboration between families and schools. School psychologists, in collaboration with others, demonstrate skills to design, implement, and evaluate services that respond to culture and context and facilitate family and school partnerships and interactions with community agencies for enhancement of academic and social-behavioral outcomes for children;

H. Diversity in Development and Learning. School psychologists have knowledge of individual diversity factors for children, families, and schools, including factors related to culture, context, and individual and role differences; and evidence-based strategies to enhance services and address potential influences related to diversity. School psychologists demonstrate skills to provide effective professional services that promote effective functioning for individuals, families, and schools with diverse characteristics, cultures, and backgrounds and across multiple contexts, with recognition that an understanding and respect for diversity in development and learning and advocacy for social justice are foundations for all aspects of service delivery;

I. Research and Program Evaluation. School psychologists have knowledge of research design, statistics, measurement, varied data collection and analysis techniques, and program evaluation sufficient for understanding research and interpreting data in applied settings. School psychologists demonstrate skills to evaluate and apply research as a foundation for service delivery and, in collaboration with others, use various techniques and technology resources for data collection, measurement, and analysis to support effective practices at the individual, group, and/or systems levels;

J. Legal, Ethical, and Professional Practice. School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists. School psychologists demonstrate skills to provide services consistent with ethical, legal, and professional standards; engage in responsive ethical and professional decision-making; collaborate with other professionals; and apply professional work characteristics needed for effective practice as school psychologists, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, dependability, and technology skills; and

K. Information and Technology. Demonstrate an understanding of information sources and technology relevant to their work;

5. The applicant must achieve a score equal to or in excess of the qualifying score on the required exit assessment(s) as defined in 5 CSR 20-400.310 and 5 CSR 20-400.440. The official score shall be submitted to the department; and

6. Field and Clinical Experiences (minimum of one (1) year or one thousand two hundred (1,200) clock hours)—

A. Culminating Clinical Experience. This culminating clinical experience must be a planned program of experiences and supervised internship designed to achieve these competencies as part of an

approved graduate degree program in school psychology. At least half of the internship **must be** completed in an educational setting. This internship experience will include opportunities to demonstrate skills learned in all coursework[; and].

[(F) The Initial Student Services Certificate for Speech-Language Pathologist (Birth - Grade 12), valid for a period of four (4) years from the effective date of the certificate, will be issued to those persons meeting the following requirements:

1. Professional Requirements—

A. Possession of a master's or higher degree in Speech-Language Pathology from an accredited college or university; and

B. Possession of a valid, unencumbered, undisciplined Missouri license in Speech-Language Pathology from the Missouri Board of Registration for the Healing Arts.]

AUTHORITY: sections 168.011, 168.405, and 168.409, RSMo 2000, and sections 161.092, 168.021, 168.071, and 168.081, RSMo Supp. 2014, and section 168.400, RSMo Supp. 2013. Original rule filed Oct. 29, 2013, effective May 30, 2014. Amended: Filed Sept. 21, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, attention: Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email at educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 4—Licenses**

PROPOSED AMENDMENT

11 CSR 45-4.020 Licenses, Restrictions on Licenses, Licensing Authority of the Executive Director, and Other Definitions. The commission is amending section (6).

PURPOSE: The purpose of this amendment is to eliminate potential conflicts with 11 CSR 45-9.020(1)(B)5.C.

(6) In the event that one (1) of the positions[, *other than the surveillance manager/director,*] required by section (5) becomes vacant, an interim replacement licensee shall be immediately appointed to serve. **[The] Except for the surveillance manager/director position,** the interim appointee may be one (1) of the current Level I licensees required by section (5). The permanent position shall be staffed within one hundred eighty (180) days, unless otherwise approved by the commission.

*AUTHORITY: section 313.004, RSMo [Supp. 2014] 2000, and section 313.807, RSMo Supp. 2013. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Sept. 29, 2016.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for Tuesday, December 6, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 5—Conduct of Gaming**

PROPOSED AMENDMENT

11 CSR 45-5.053 Policies. The commission is deleting subsection (3)(E) and renumbering subsections thereafter.

PURPOSE: The purpose of this amendment is to eliminate a conflict with 313.812(8) RSMo.

(3) The holder of a Class A or B license is expressly prohibited from the following activities:

[(E) Catering to, assisting, employing or associating with, either socially or in business affairs, persons of notorious or unsavory reputation or who have felony police records, or the employing either directly through a contract or other means, of any firm or individual in any capacity where the reputé of the state of Missouri or the gaming industry is liable to be damaged because of the unsuitability of the firm or the individual;]

[(F)](E) Permitting to remain in, or upon any licensed premises, any associated gambling equipment (primarily, but not limited to, cards or dice), which may have in any manner been marked, tampered with, or otherwise placed in a condition or operated in a manner which might affect the game and its payouts;

[(G)](F) Permitting, if the licensee was aware or should have been aware of, any cheating whatsoever;

[(H)](G) Permitting to remain in or upon any licensed premises, any cheating device whatsoever; or conducting, carrying on, operating or dealing any cheating or thieving game or device on the premises;

[(I)](H) Permitting to remain in or upon any licensed premises, if the licensee was aware, or should have been aware of, any gambling device which tends to alter the normal random selection of criteria which determines the results of the game or deceives the public in any way;

[(J)](I) Failing to conduct gaming operations in accordance with proper standards of custom, decorum, and decency; or to permit any type of conduct on the riverboat which reflects negatively on the reputé of the state of Missouri or acts as a detriment to the gaming industry;

[(K)](J) Denying a commissioner or commission agent, access to, for inspection purposes, any portion or aspect of the riverboat or attendant shore facilities;

[(L)](K) Denying a commissioner or commission agent, information concerning any aspect of the riverboat operation; and

[(M)](L) Failing to report to the commission known or suspected violations of commission rules and applicable law.

AUTHORITY: section 313.004, RSMo 2000, sections 313.805[,], and 313.807, RSMo Supp. 2013, and sections 313.800, 313.812, 313.817, and 313.830, RSMo Supp. 2014. Original rule filed Feb. 19, 1998, effective Aug. 30, 1998. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Tuesday, December 6, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System

PROPOSED AMENDMENT

11 CSR 45-9.120 Minimum Internal Control Standards (MICS)—Chapter T. The commission is amending section (1)

PURPOSE: This amendment changes the minimum internal control standards for tips.

(1) The commission shall adopt and publish minimum standards for internal control procedures that in the commission's opinion satisfy 11 CSR 45-9.020, as set forth in *Minimum Internal Control Standards (MICS) Chapter T—Tips*, which has been incorporated by reference herein, as published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102. Chapter T does not incorporate any subsequent amendments or additions as adopted by the commission on *[October 24, 2012]* **September 28, 2016**.

AUTHORITY: section 313.004, RSMo 2000, and section[s] 313.800, RSMo Supp. 2014, and section 313.805, RSMo Supp. [2012] 2013. Original rule filed Jan. 26, 2012, effective Aug. 30, 2012. Amended: Filed Oct. 25, 2012, effective June 30, 2013. Amended: Filed Sept. 29, 2016

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Tuesday, December 6, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 30—Child Support Enforcement Chapter 1—Organization

PROPOSED RESCISSION

13 CSR 30-1.010 Organization and Operation. This rule described the function and general organization of the Division of Child Support Enforcement.

PURPOSE: This rule is being rescinded because the Division of Child Support Enforcement no longer exists. Child support services are now provided by the Family Support Division of the Department of Social Services.

AUTHORITY: section 454.400, RSMo 1994. Original rule filed Feb. 16, 1988, effective April 11, 1988. For intervening history, please consult the Code of State Regulations. Rescinded: Filed Sept. 21, 2016.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Family Support Division, Julie Gibson, Director, 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 30—Child Support Enforcement Chapter 2—Performance Measures

PROPOSED RESCISSION

13 CSR 30-2.020 Financial Performance Measures for Counties Under Contract With the Missouri Division of Child Support Enforcement for the Provision of Total Child Support Services in Local Jurisdictions (Level A Counties). This rule established minimum financial performance measures under which Level A counties would be evaluated to determine the level of incentives each county would receive, under certain conditions, established the basis for termination of county cooperative agreements for the provision of child support services.

PURPOSE: This rule is being rescinded because 64 FR 62307-01 removes 45 CFR 305.98 on which this rule was based.

AUTHORITY: section 454.400, RSMo Supp. 1993. Original rule filed Oct. 18, 1988, effective Jan. 13, 1989. Rescinded: Filed Sept. 21, 2016.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the

Department of Social Services, Family Support Division, Julie Gibson, Director, 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 1—Organization**

PROPOSED AMENDMENT

13 CSR 40-1.010 Organization. The division is deleting the purpose and sections (1)–(13) and adding a new purpose and sections (1)–(5).

PURPOSE: This amendment updates the descriptions for the functions and general organization of the Family Support Division to reflect current Department of Social Services' structure and operations.

[PURPOSE: This rule states the function and general organization of the Division of Family Services to comply with the requirements of section 536.023, RSMo (1986).

(1) The public assistance and social service programs established by state and federal statutes are administered by the Division of Family Services through offices located in each county and the city of St. Louis. Application for services or benefits should be made at the office in the county where the applicant or recipient lives. Information about any of the programs administered by the division can be obtained from the county office or by writing to the state office in Jefferson City. The legal basis for establishing the division—listing its powers and duties, providing for a chief administrative officer, establishing county welfare commissions and authorizing an office in each county—is contained in sections 207.010–207.080, RSMo (1986).

(2) The income maintenance section in the state office supervises the work of the county offices in taking applications, making investigations and determining eligibility for the following programs: Aid to Dependent Children, General Relief, Blind Pensions, Supplemental Aid to the Blind, Medical Assistance, Nursing Care and Supplemental Payments to persons transferred from Old Age Assistance, Aid to the Blind and Permanent and Total Disability Assistance to the Supplementary Security Income program on January 1, 1974. The state statutes providing for these programs are primarily contained in sections 208.010–208.210, RSMo (1986), the statutes for Blind Pension are contained in sections 209.010–209.160, RSMo (1986).

(3) An additional major program in the income maintenance section is food stamps for which the division certifies household eligibility and supervises coupon issuance under authority delegated to the agency by the United States Department of Agriculture. Since the federal government finances one hundred percent (100%) of the bonus coupons used for food stamps, the federal laws are the primary governing factor, state statutes are contained in sections 205.960–205.966, RSMo (1986).

(4) The social service section in the state office supervises the work of the county offices in taking applications, making social studies and providing treatment in protective services, day care, foster care, adoptions and other services for chil-

dren, families and unmarried parents. The primary statute authorizing these services is section 207.020, RSMo (1986), subsections (8)–(17). A separate unit has been established to handle child abuse reports, as provided by section 210.110, RSMo (1986). A separate unit has also been established to negotiate, prepare and monitor contracts for purchase of various kinds of services from both public and private providers, in accordance with the provisions of Title XX of the federal Social Security Act.

(5) The medical services section in the state office handles the negotiations and agreements with the providers of medical services and reviews, processes and prepares for payment the bills received for such services. The federal basis for providing matching funds to the state is contained in Title XIX of the federal Social Security Act. State laws under which this program operates are contained in sections 208.151–208.158, RSMo (1986). Eligibility for these services is determined by the income maintenance staff of the county offices, recipients of any of the state public assistance programs are automatically eligible for Medicaid.

(6) The Bureau for the Blind has a separate staff in state and district offices, responsible for administering vocational rehabilitations for the blind, prevention of blindness, home teaching and other services to the blind, especially blind children. Federal funding is available for the rehabilitation program, the rest are state financed. The primary state statute authorizing these services is section 209.010, RSMo (1986).

(7) The day care licensing unit, operating under the provisions of sections 210.201–210.245, RSMo (1986), licenses or approves family day care homes, group day care homes and day care centers.

(8) The institutional and agency licensing units, also operating under the provisions of sections 210.201–210.245, RSMo (1986), licenses boarding homes for children and child placing agencies.

(9) The support services section is responsible for the supporting administrative services in the state office. There are separate units for personnel, general services, research and statistics and finance.

(10) The quality control unit provides an organized method of reviewing county office eligibility investigations and decisions on the ADC, food stamp and Medicaid programs. Randomly selected cases are reviewed in all areas of the state and the errors found are reported immediately to the county staff and state staff in order that corrective action can be taken.

(11) The legal section is responsible for administering the fair hearing process as provided for by state and federal statutes, provides legal consultation to the director and agency staff and represents the agency in all court proceedings.

(12) The efficiency and effectiveness unit is responsible for monitoring the agency's effective and efficient operation of the food stamp program. This is done by reviewing and auditing the complete certification and issuing process in a county office and reporting the errors and deficiencies so that corrective action can be taken.

(13) The data processing unit is responsible for processing with computer equipment, all financial, statistical and

management reports for all sections of the division and for the preparation of all checks, Medicaid cards and Food Stamp Authorization-to-Purchase cards.]

PURPOSE: *In accordance with requirements in section 536.023, RSMo, this rule describes the functions and general organization of the Family Support Division of the Department of Social Services.*

(1) **General Function.** The Family Support Division, hereinafter referred to as the division, was established by Executive Order 03-02 to administer the income maintenance (IM) programs, the child support (CS) program, and rehabilitation services for the blind (RSB) programs for the state, as established by federal and state laws. The legal basis for establishing the division is provided in sections 207.010 and 454.400, RSMo.

(2) **Central Office.** The division's central office is located at 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102-2320; telephone: (573) 751-3221; TDD telephone: 1-800-735-2966; online: www.dss.mo.gov/fsd. The division director is located at the central office and is responsible for the division's overall organization, management, policy formulation, and delivery of services, as set forth in federal and state laws and regulations.

(3) **IM Programs.** The location of each IM office, descriptions of IM services, and access to on-line services is provided for the public at www.dss.mo.gov and www.dss.mo.gov/fsd. IM services include:

- (A) Programs for food security—
 1. Supplemental Nutrition Assistance Program (SNAP), known in Missouri as the Food Stamp Program; and
 2. Food Distribution programs;
- (B) Programs for children and families—
 1. Temporary Assistance;
 2. MO HealthNet for Kids;
 3. MO HealthNet for Pregnant Women and Newborns;
 4. MO HealthNet for Families;
 5. Uninsured Women's Health Service; and
 6. Child Care Services;
- (C) Programs for the aged, blind, and persons with disabilities—
 1. MO HealthNet;
 2. Nursing Care;
 3. Home and Community-Based Services;
 4. Prevention of Spousal Impoverishment;
 5. Supplemental Aid to the Blind;
 6. Blind Pension;
 7. Adult Supplemental Payments; and
 8. Medicare Cost Savings Programs; and
- (D) Other income maintenance/self-sufficiency programs and services—
 1. Community Services Block Grant (CSBG) Programs;
 2. Low Income Home Energy Assistance Program (LIHEAP);
 3. Emergency Solutions Grant/Homeless Services;
 4. Refugee Resettlement;
 5. Emergency management services; and
 6. Voter registration.

(4) **CS Program.** The location of each CS office, descriptions of CS services, and access to online services is provided for the public at www.dss.mo.gov and www.dss.mo.gov/cse. CS services include:

- (A) Locating parents;
- (B) Paternity establishment for children born to unmarried parents;
- (C) Child and medical support order establishment;
- (D) Support order enforcement;
- (E) Support order review and modification;
- (F) Interstate and international child support services if a par-

ent lives in another state or a reciprocating country; and

(G) Payment processing through operation of Missouri's state disbursement unit, the Family Support Payment Center.

(5) **RSB Programs.** The location of each RSB office, descriptions of RSB services, and information on accessing services is provided for the public at www.dss.mo.gov and www.dss.mo.gov/fsd/rsb. Services include:

- (A) Vocational Rehabilitation;
- (B) Independent Living Rehabilitation;
- (C) Children's Services;
- (D) Older Blind Services;
- (E) Transition Services;
- (F) Business Enterprise Program; and
- (G) Prevention of Blindness.

AUTHORITY: *sections 207.020 and 454.400, RSMo [1986] Supp. 2014. Original rule filed Sept. 2, 1976, effective Dec. 11, 1976. Amended: Filed Sept. 21, 2016.*

PUBLIC COST: *This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Family Support Division, Julie Gibson, Director, 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 40—Family Support Division Chapter 15—Supplemental Nutrition Assistance Program (Food Stamps)

PROPOSED RULE

13 CSR 40-15.455 Eligibility for Individuals with a Drug Felony Conviction

PURPOSE: *This rule establishes the requirements to determine whether a participant who has pled guilty or nolo contendere to or is found guilty under federal or state law of a felony involving possession or use of a controlled substance can be eligible for Food Stamp benefits.*

(1) **Scope.** This rule specifies how the division shall implement the authority granted in section 208.247, RSMo, to determine whether a participant is eligible for Food Stamps if he or she has pled guilty or nolo contendere to or is found guilty under federal or state law of a felony involving possession or use of a controlled substance.

(2) **Definitions.** For purposes of this rule, the following terms shall mean:

(A) **Participant:** Any individual who is currently eligible for food stamp benefits, who has applied for food stamp benefits, who has received food stamp benefits, or who currently receives food stamp benefits, administered by the division;

(B) **Custody:** A participant is considered in custody when the individual has been remanded to the custody of the Missouri Department of Corrections, United States Bureau of Prisons, or a state penal institution in any other state, to serve a sentence of imprisonment

imposed by a court of one (1) year or more. Custody shall not mean pre-trial detention;

(C) Food Stamp benefits: The Supplemental Nutrition Assistance Program (SNAP) operated by the United States Department of Agriculture (USDA) Food and Nutrition Services, pursuant to 7 U.S.C. chapter 51, and in conjunction with the division to provide benefits to low-income individuals who are in need of aid to purchase food; and

(D) Approved substance abuse treatment program: An alcohol and drug abuse treatment program or provider certified by the Department of Mental Health, Division of Behavioral Health.

(3) Any participant may request a determination of eligibility for the exemption from Food Stamp eligibility disqualification set forth in section 208.247, RSMo. The request for a determination of section 208.247, RSMo, exemption shall be submitted in writing to the division or, if available, electronically through the division's website. The participant shall provide the following information in order to establish eligibility for the exemption:

(A) The participant's name;

(B) A list of the participant's felony crimes involving the use or possession of controlled substances to which the participant has pled guilty or *nolo contendere*, or has been found guilty of committing, the dates of the guilty plea or finding of guilt, and the court involved; and

(C) The participant's certification that the participant, after August 28, 2014—

1. Has not pled guilty or *nolo contendere* to or been found guilty of an additional controlled substance misdemeanor or felony offense within one (1) year after the participant's release from custody; or

2. Has not pled guilty or *nolo contendere* to or been found guilty of an additional controlled substance misdemeanor or felony offense within one (1) year after the date of conviction if the participant was not committed to custody;

(D) A participant who has been released from custody or pled guilty or *nolo contendere* to a controlled substance misdemeanor or felony offense less than three (3) years prior to the request for a determination of section 208.247, RSMo exemption shall provide a statement either on a form provided by the division or on an official document of the Division of Probation and Parole, Division of Behavioral Health, or the court that the participant has complied with all obligations imposed by court, by the Division of Probation and Parole, and by the Division of Behavioral Health. A participant will be considered to have complied with all obligations imposed by a court or the Division of Probation and Parole if the Missouri Board of Probation and Parole has not taken action to revoke the participant's probation or parole;

(E) The participant shall also submit with the request for determination a signed written statement from an approved substance abuse treatment program to establish compliance with the substance abuse treatment requirements set forth in section 208.247.1(1)(a) to (1)(d), RSMo. Directories containing lists of approved substance abuse treatment programs can be found on the Department of Mental Health's website. The statement shall either be on a form provided by the division or shall be on an official document of the approved substance abuse treatment program. The statement shall be accompanied by documentation of the name, mailing address, and telephone number of the approved substance abuse treatment program and the name and telephone number of the person, designee, or agent that is verifying the provider's statements to the division. The statement shall certify that the participant—

1. Is currently successfully participating in a substance abuse treatment program approved by the Division of Behavioral Health; or

2. Is currently enrolled in and accepted for treatment and participation in a substance abuse treatment program approved by the Division of Behavioral Health, but is subject to a waiting list to receive available treatment, and the participant remains enrolled in

the program and will enter the treatment program at the first available opportunity; or

3. Has satisfactorily completed a substance abuse treatment program approved by the Division of Behavioral Health; or

4. Was determined by a Division of Behavioral Health certified treatment provider not to need substance abuse treatment; and

(F) The participant shall attest that s/he has demonstrated sobriety through voluntary urinalysis testing. The participant shall be responsible for any fees incurred for the voluntary urinalysis testing. The participant shall satisfy this requirement by providing the division the written test results of a urinalysis, provided by an official licensed drug testing vendor/facility, which shows the participant tested negative for illegal controlled substances, as defined in 21 USC section 802(6), other than those legally prescribed to the participant, at the time of the test. The test shall be completed following the participant's last plea of guilty or *nolo contendere* to or finding of guilt for a controlled substance misdemeanor or felony offense involving possession or use of a controlled substance. The participant shall not use any self-administered test process to satisfy this requirement.

(4) Any participant who has pled guilty or *nolo contendere* to or been found guilty of two (2) subsequent felony offenses involving possession or use of a controlled substance after the date of the first controlled substance felony conviction shall not be eligible for section 208.247, RSMo exemption.

(5) Any participant who, after August 28, 2014, has pled guilty or *nolo contendere* to or is found guilty under federal or state law of an additional controlled substance misdemeanor or felony offense within one (1) year after release from custody or, if not committed to custody, within one (1) year after the date of conviction shall not be eligible for section 208.247, RSMo exemption.

(6) The participant's request for a determination of a drug conviction exemption submitted by the participant shall be true, accurate, and complete.

(7) Food stamp benefits received by a participant for him or herself during a period in which the participant did not qualify for the exemption shall be a debt due to the state and collected as overpayment.

(8) Any participant aggrieved by a decision of the division under this regulation may request a hearing pursuant to section 208.080, RSMo. The following procedure shall apply to all administrative hearings requested under this section:

(A) Copies or printouts of case.net information, business record affidavits, written reports, letters or documents from the Missouri Board of Probation and Parole, Division of Probation and Parole, Division of Behavioral Health, or any state or federal court or parole or probation office, and the contents of the aforementioned documents submitted by the individual or the division at the hearing are declared to be competent evidence and admissible into evidence at the hearing to be considered by the hearing officer along with any other evidence or testimony submitted;

(B) A business record affidavit that meets the requirements of section 490.692, RSMo shall be *prima facie* evidence of it being properly executed and signed without the need for further proof of identification;

(C) Copies or printouts of case.net information, business record affidavits, written reports, letters, or documents from the Missouri Board of Probation and Parole, Division of Probation and Parole, Division of Behavioral Health, or any state or federal court or parole or probation office and the contents of the aforementioned documents reporting that the participant has failed to meet any of the requirements for the drug conviction exemption as set forth in this regulation shall create a rebuttable presumption that the participant has failed to meet the requirements of this regulation and shall shift the burden of proof to the participant to refute the presumption.

AUTHORITY: sections 207.022 and 208.247, RSMo Supp. 2014. Original rule filed Sept. 21, 2016.

PUBLIC COST: This proposed rule will cost the Family Support Division of the Missouri Department of Social Services eighty-seven thousand seven hundred forty-four dollars (\$87,744) for FY 2017; however, the additional cost can be absorbed with the current core authority.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Department of Social Services, Family Support Division, Julie Gibson, Director, PO Box 2320, Jefferson City, MO, 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Department of Social Services
Division Title: Family Support Division (FSD)
Chapter Title: Income Maintenance (IM) & FAMIS**

Rule Number and Name:	13 CSR 40-15.455 Eligibility for individuals with a drug felony conviction
Type of Rulemaking:	Proposed Rulemaking

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
	\$44,765 (\$6,525 EBT + \$38,240 FAMIS for FY15, however the additional cost was absorbed within current core authority
	\$17,006 projected for FY16, however the additional cost is being absorbed within current core authority
	Ongoing costs are expected to increase by \$9,176 each year.

III. WORKSHEET

Eligibility for individuals with a drug felony conviction

Senate Bill 680 from 2014 amended RSMo 208.247 allowing persons who have pled guilty or are found guilty under federal or state law of a felony involving possession or use of a controlled substance to be eligible for the Food Stamp program if they meet certain criterion for eligibility.

FSD implemented this law into policy and procedure effective August 28, 2014, as required by law. In FY 2015 (September 2014-June 2015), there was an increase of 1,106 Food Stamp cases due to persons convicted of a drug felony now meeting the eligibility criteria. To date in FY 2016, there have been an additional 1,052 additional Food Stamp cases added, for a total of 2,158 new cases in the past twenty (20) months. FSD estimates an increase of 1,296 new Food Stamp cases per year ongoing (2,158/20 months=108 per month * 12 months).

FSD EBT Estimated Costs

EBT costs to process each Food Stamp cases are \$0.59 per month. In FY 2015, the increased costs to process new cases due to persons convicted of a drug felony now meeting the eligibility criteria was \$6,525 (1,106 new cases * \$0.59 per case* 10 months (September 2014- June 2015).

The total EBT costs to process additional Food Stamp cases due to persons convicted of a drug felony now meeting the eligibility criteria to date in FY 2016 is \$12,732 (increase of 1,106 cases from FY 2015 + increase of 1,052 to date in FY 2016 = 2,158 new cases * \$0.59 per case * 10 months (July 2015-April 2016). With the increase in new Food Stamp cases estimated to reach 1,296 in FY 2016, the total estimated EBT costs due to new Food Stamp cases from this change is \$17,006 (1,106+1,296 = 2402* \$0.59 per case * 12 months) for FY 2016.

FSD estimates that the number of Food Stamp cases will continue to rise by 1,296 cases per year due to this change. Using the same methodology as above, the total estimated EBT costs for FY 2017- FY 2019 are as follows

FY 2017: 3,698 (2,402+1,296 cases) * \$0.59 per case* 12 months) = \$26,182 (rounded up)

FY 2018: 4,994 cases (3,698+1,296 cases) * \$0.59 per case * 12 months) = \$35,358 (rounded up)

FY 2019: 6,290 cases (4,994 + 1,296 cases) * \$0.59 per month * 12 months) = \$44,533 (rounded down)

This cost can be absorbed within the current EBT core authority.

FSD-FAMIS Costs

The DSS added functionality to The Family Assistance Management Information System (FAMIS) to support SB 680, allowing individuals who have pled guilty or nolo contendere to or is found guilty under federal or state law of a felony involving possession or use of a controlled substance to be eligible for the food stamp program. The FAMIS completed this programming to modify the Food Stamp eligibility determination process, modified the Sanction/Disqualification screen, created a new compliance screen, created new reports, and create new notices to Food Stamp eligibles now meeting eligibility criteria. The total costs for this programming was \$38,240.00 in FY 2015. There is no impact after FY 2015.

This cost was absorbed within the current core authority.

IV. ASSUMPTIONS

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 19—Energy Assistance**

PROPOSED RESCISSION

13 CSR 40-19.010 Utilicare Program. This rule established the basis upon which financial assistance would be made to qualified individual households for aid in heating or cooling costs.

PURPOSE: This rule is being rescinded because implementation of the Utilicare program is covered entirely in 13 CSR 40-19.020, as well as sections 660.100, 660.105, 660.110, 660.115, 660.122, 660.135, and 660.136, RSMo Supp. 2013, section 660.130, RSMo Supp. 2014, and section 660.125, RSMo 2000.

AUTHORITY: section 207.020, RSMo 1994. Emergency rule filed Nov. 9, 1979, effective Nov. 19, 1979, expired Feb. 10, 1980. Original rule filed Nov. 9, 1979, effective Feb. 11, 1980. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed Sept. 21, 2016.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Family Support Division, Julie Gibson, Director, PO Box 2320 Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 19—Energy Assistance**

PROPOSED AMENDMENT

13 CSR 40-19.020 Low Income Home Energy Assistance Program (LIHEAP) and Utilicare. The division is amending the purpose and sections (1)–(8) and adding sections (9)–(14).

PURPOSE: The department is amending this regulation by updating the language to ensure consistency with updates in the LIHEAP Policy and Procedures Manual. The amendment adds section (1), defining the scope of the amendment, section (2) adds new terms and definitions to the regulation, and section (3) establishes funding for LIHEAP by adding clarifying language. Section (6) updates the language of the general eligibility requirements for LIHEAP, while the addition of sections (7) and (8) reorganizes and clarifies conditions that will render households ineligible for LIHEAP and individuals ineligible for consideration in a LIHEAP household. The new sections (9), (10), (11), (12), and (13) establish the procedures for how LIHEAP is implemented and clarifies how funds may be used. Section (14) provides the payment amounts for Energy Assistance (EA) as well as a chart for the payment ranges based on household size, income range, and fuel source.

PURPOSE: This rule establishes the basic policies and procedures to determine eligibility and amount of benefits to be paid under Missouri's Utilicare and Low Income Home Energy Assistance Program (collectively known as "LIHEAP"). This program [will] is designed to assist [certain] eligible, low income [households with

partial payment of their winter home heating costs] individuals, particularly those with the lowest income who pay a high proportion of household income for home energy, in meeting their immediate energy needs.

(1) Scope: This rule establishes procedures for the implementation of the Low Income Home Energy Assistance Program and Utilicare, collectively referred to in this rule as "LIHEAP". This rule establishes the requirements governing the eligibility of households under the program, pursuant to 42 U.S.C. sections 8621-8630 and sections 660.100-660.136, RSMo.

[(1)](2) Definitions[.]:

[(A)] Available resources will be defined as cash holdings in banks, savings and loan companies, credit unions, mutual funds, stocks and bonds, money market accounts, annuities, individual retirement accounts, Keogh accounts and deferred compensation plans.]

(A) "Applicant" shall be defined as the individual whose signature, or whose signature as written by the individual's guardian/conservator or power of attorney, is on the application.

(B) "Crisis" shall be defined as any of the following:

1. The receipt of a termination or disconnect notice indicating a specific disconnect date;

2. The issuance of a final billing statement advising the account has been terminated;

3. A situation in which a propane tank is filled at less than twenty-percent (20%) capacity;

4. A situation in which the customer is a cash on delivery (COD) customer; or

5. A situation in which a pre-paid electric customer indicates their pre-paid usage is about to run out.

[(B)](C) [Disabled will] "Disabled" shall be defined as an individual who is totally and permanently disabled or blind and is receiving [federal Social Security disability benefits, civil service disability benefits or federal Supplemental Security Income (SSI) benefits based on blindness or disability, Veterans Administration disability benefits, State Blind Pension, State Aid to the Blind (AB), state supplemental payments, based on blindness or disability under the SSI Program or Medical Assistance (MA), based on blindness or disability.] one (1) or more of the following: Civil Service Disability, Medical Assistance, Railroad Retirement Disability Benefits, Social Security Disability Benefits, State Aid to the Blind, State Blind Pension, State Supplemental Payments, Supplemental Security Income Program, or Veterans Administration Disability Benefits.

[(C)] Head of household will be defined as the individual whose name appears on the fuel bill and who is financially responsible for payment of the home heating costs.

(D) Home energy heat will be defined as electricity, fuel oil, natural gas, propane (tank or cylinder), wood or coal used as the source for heating a residential home.]

(D) "Elderly" shall be defined as sixty-five (65) years of age or older to receive the LIHEAP income deduction, as established in section (3) of this rule, and sixty (60) years of age or older for federal reporting purposes, as required under 45 CFR section 96.82.

(E) "Fuel source" shall be defined as the fuel consumed in the operation of an appliance manufactured and used for the purpose of heating or cooling a household.

[(E)](F) [Home energy supplier will] "Home energy supplier" shall be defined as a public or private business [(public or private investor-owned utilities, municipally-owned utilities, rural electric cooperatives and privately-owned distributorships)] engaged [primarily] in the retail sale of home heating and cooling fuel [to the general public within a given geographic area.], including public or private investor owned utilities, municipally owned utilities, rural electric cooperatives, and privately owned distributorships.

[(F)](G) *[Household will]* “Household” shall be defined as an individual(s) living in private living quarters (a space with a private entrance) for which residential heat is purchased in common.

(H) “Income” shall be defined as monthly revenue obtained that is either earned or unearned.

[(G)](I) A “[L]andlord household” *[applicant will]* shall be defined as a household *[who rents residential property and who pays a heat bill in addition to rent.]* in which the landlord sends the household a separate bill to cover the heating and cooling costs. Landlord households may receive both Energy Assistance (EA) and Energy Crisis Intervention Program (ECIP) benefits.

(J) “LIHEAP fiscal year” shall be defined as the federal fiscal year, October 1–September 30.

(K) “Live-in-attendant” shall be defined as an individual living in the household who receives wages to provide medical/child care and who is not responsible for any household expenses. A relative, as defined in this rule, cannot be considered a live-in-attendant.

(L) “Roomer/boarder” shall be defined as an individual who pays a household for lodging and/or food expenses only, and who is not responsible for any other household expenses. A relative, as defined in this rule, cannot be considered a roomer/boarder.

[(H)](M) *[Renter applicants will]* A “renter household” shall be defined as a household *[with]* in which heating and/or cooling costs are included in *[their rental charge]* the rent. Renter households may receive EA benefits, but cannot receive ECIP benefits.

(N) “Resources” shall be defined as any assets that are available to an individual, including, but not limited to, annuities, bonds, certificates of deposit, deposits in banks, savings and loan companies, credit unions, and other financial institutions, individual retirement accounts, Keogh’s and deferred compensation plans, money markets, mutual funds, and stocks. Resources will be considered available unless documented by the institution holding the resources that they are restricted or inaccessible.

(O) “Participating home energy suppliers” shall be defined as suppliers that sign an agreement with the department.

(P) “Account” shall be defined as a customer account established with a home energy supplier for residential heating and cooling.

(Q) “Relative” shall be defined as an individual who is related to the household member as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, half-brother, or half-sister.

(R) “Address of record” shall be defined as the most recent mailing address that the applicant/participant provided to the division.

[(2)](3) Federal funds *[will be used for partial payment of winter home heating costs incurred by eligible households during the months of October, November, December, January, February and March of each calendar year beginning in November 1986 and continuing so long as federal funds are available for this purpose.]*, pursuant to 42 U.S.C. sections 8621–8630, and state funds, pursuant to RSMo 660.100–660.136, may be expended for—

(A) Energy Assistance (EA), which provides a direct one (1) time lump sum payment of utility costs incurred for home heating by qualified Missouri residents continuing so long as funds remain available for this purpose. EA may include additional supplemental payments as determined necessary by the department; or

(B) The Energy Crisis Intervention Program (ECIP), which provides direct payment of utility costs incurred for home heating and cooling by qualified Missouri residents experiencing a crisis, as defined in this rule, so long as funds remain available for this purpose.

[(3) Primary eligibility requirements for this program are as follows:

(A) Each household member must be a citizen of the United States or an alien admitted to the United States for permanent resident status and a current resident of Missouri;

(B) Each household’s available resources may not exceed three thousand dollars (\$3,000). Households determined ineligible due to excess resources will remain ineligible for the remainder of that program year;

(C) Each head of household or spouse must establish that s/he has a fuel account in his/her name or meet the definition of a renter or landlord situation and is incurring costs from a home energy heat source; and

(D) Each household must have a monthly income no greater than the specific amounts based on household size as set forth in the Low Income Home Energy Assistance Program (LIHEAP) Income Ranges Chart. If the household size and composition of a LIHEAP applicant household can be matched against an active food stamp case reflecting the same household size and composition, monthly income for LIHEAP will be established by using the monthly income documented in the household’s food stamp file.]

LIHEAP INCOME RANGES CHART

Monthly Income Amounts

Household Size	Income Range	Income Range	Income Range	Income Range	Income Range
1	\$0-187	\$188-375	\$376-563	\$564-751	\$752-935
2	\$0-253	\$254-507	\$508-761	\$762-1,015	\$1,016-1,263
3	\$0-318	\$319-637	\$638-956	\$957-1,275	\$1,276-1,590
4	\$0-383	\$384-767	\$768-1,151	\$1,152-1,535	\$1,536-1,917
5	\$0-449	\$450-899	\$900-1,349	\$1,350-1,799	\$1,800-2,244
6	\$0-514	\$515-1,029	\$1,030-1,544	\$1,545-2,059	\$2,060-2,571
7	\$0-580	\$581-1,161	\$1,162-1,742	\$1,743-2,323	\$2,324-2,898
8	\$0-645	\$646-1,291	\$1,292-1,937	\$1,938-2,583	\$2,584-3,225
9	\$0-710	\$711-1,421	\$1,422-2,132	\$2,133-2,843	\$2,844-3,552
10	\$0-776	\$777-1,553	\$1,554-2,330	\$2,331-3,107	\$3,108-3,879
11	\$0-841	\$842-1,683	\$1,684-2,525	\$2,526-3,367	\$3,368-4,206
12	\$0-907	\$908-1,815	\$1,816-2,723	\$2,724-3,631	\$3,632-4,533
13	\$0-972	\$973-1,945	\$1,946-2,918	\$2,919-3,891	\$3,892-4,860
14	\$0-1,038	\$1,039-2,077	\$2,078-3,116	\$3,117-4,155	\$4,156-5,188
15	\$0-1,103	\$1,104-2,207	\$2,208-3,311	\$3,312-4,415	\$4,416-5,515
16	\$0-1,168	\$1,169-2,337	\$2,338-3,506	\$3,507-4,675	\$4,676-5,842
17	\$0-1,234	\$1,235-2,469	\$2,470-3,704	\$3,705-4,939	\$4,940-6,169
18	\$0-1,299	\$1,300-2,599	\$2,600-3,899	\$3,900-5,199	\$5,200-6,496
19	\$0-1,365	\$1,366-2,731	\$2,732-4,097	\$4,098-5,463	\$5,464-6,823
20	\$0-1,430	\$1,431-2,861	\$2,862-4,292	\$4,293-5,723	\$5,724-7,150

[(4) Household members meeting any of the following conditions will not be eligible to receive LIHEAP benefits:

(A) Individuals residing in adult boarding facilities, intermediate care facilities, residential care facilities or skilled nursing facilities who do not pay a home energy supplier directly for their heating costs;

(B) Individuals residing in hotels, motels, dormitories or temporary shelters who do not pay a home energy supplier directly for their heating costs;

(C) Individuals not considered as household members. This will include roomers, boarders, live-in attendants and students or military personnel that are not actually residing in the home;

(D) Individuals living in government subsidized housing, unless they are paying a home energy supplier directly for their home heating costs or are billed for any out-of-pocket heating costs by the landlord or housing authority;

(E) Individuals that have been approved in a prior energy assistance case or individuals moving into a household that has previously received energy assistance in the current year at the same address;

(F) Individuals that use kerosene or cut their own wood for the purpose of heating their home;

(G) Individuals not living in the home for which they are applying for energy assistance benefits, but do continue to pay a home energy supplier for heating that home, will not be eligible to receive energy assistance benefits on the unoccupied residence;

(H) Individuals that reside outside Missouri. This does not include a household that has a mailing address of a surrounding state but actually resides in Missouri;

(I) Individuals in transitional living situations;

(J) Individuals that are not citizens of the United States or permanent resident aliens; and

(K) Individuals who have a credit balance with their fuel supplier in excess of five hundred dollars (\$500).

(5) LIHEAP payments will be made in either one (1)-time line-of-credit payments to a participating home energy sup-

plier or a one (1)-time direct cash payment to the eligible household based on their household size, income, heat source and geographic location as set forth in the Payment Levels Chart for Northern and Southern Missouri. If the household meets the definition of a renter household, they will receive a one (1)-time direct cash payment equal to eight percent (8%) of their annual rent not to exceed the maximum payment level for their particular heat source, household size and income.

Payment Levels For Northern Missouri
Primary Fuel

Types	A	B	C	D	E
Fuel Oil	\$292	\$256	\$225	\$193	\$162
Tank Propane	\$274	\$244	\$214	\$184	\$154
Natural Gas	\$257	\$226	\$206	\$178	\$158
Electric	\$252	\$224	\$199	\$167	\$139
Wood	\$184	\$164	\$143	\$123	\$103
Cylinder					
Propane	\$138	\$123	\$107	\$ 91	\$ 76
Coal	\$116	\$104	\$ 91	\$ 78	\$ 65

Payment Levels For Southern Missouri
Primary Fuel

Types	F	G	H	I	J
Fuel Oil	\$265	\$211	\$184	\$162	\$135
Tank Propane	\$253	\$201	\$175	\$154	\$129
Natural Gas	\$237	\$198	\$178	\$158	\$139
Electric	\$232	\$199	\$179	\$150	\$122
Wood	\$169	\$136	\$119	\$102	\$ 92
Cylinder					
Propane	\$127	\$102	\$ 89	\$ 76	\$ 64
Coal	\$ 93	\$ 74	\$ 65	\$ 54	\$ 46

(6) The Division of Family Services will recover outstanding energy assistance overpayments made in prior years' programs by deducting the overpayment from the current year's energy assistance benefit payment.

(7) *One (1) energy assistance card will be sent to each household applying for benefits under LIHEAP which will notify the individual of his/her eligibility status and the right to request a fair hearing.*

(8) *No funds for services included in this program shall be expended until a specific appropriation for this purpose has been made.]*

(4) Not more than one (1) LIHEAP qualified EA benefit will be paid for each qualified individual eligible household, with the exception of a possible additional supplemental payment, during any LIHEAP fiscal year.

(A) Only one (1) individual on a multiple named fuel bill account will be eligible to receive LIHEAP benefits.

(B) If the fuel bill account is in the name of an individual under the age of eighteen (18) and there is another household member that is age eighteen (18) or older, the account name must be changed to an adult household member's name. If the oldest individual in the household is under the age of eighteen (18), that individual may be considered the account holder only with division approval.

(5) ECIP benefits must not exceed the amount needed to resolve the energy crisis, up to the maximum amount of eight hundred dollars (\$800) for winter assistance for the months of November through May, and three hundred dollars (\$300) for summer assistance for the months of June through September, so long as funds remain available for this purpose.

(6) LIHEAP qualified households must meet all of the following criteria to be eligible for benefits under the program:

(A) All household members must be a citizen of the United States or be a legal permanent resident admitted to the United States for permanent residence status and a current resident of Missouri;

(B) Each household's resources may not exceed three thousand dollars (\$3,000);

(C) Each household must establish that they have an account in their name or meet the definition of a renter/landlord household, pursuant to this rule, and are incurring heating/cooling costs; and

(D) Each household must meet the specified income guidelines based on their household size, as established in section (14) of this rule.

1. Households with applicants or their spouses who are elderly or disabled shall be entitled to a one hundred dollar-(\$100-) deduction for medical expenses when determining income eligibility;

(E) All ineligible and eligible LIHEAP applicants will receive written notification by mail to the address of record. Applicants may choose to receive notification by electronic mail or text message, if the division has established a policy that gives applicants and/or participants this option. The notification shall advise them of their right to request a fair hearing regarding the decision made on their application. LIHEAP applicants can request a hearing for denial of their application, a lack of timeliness, or as otherwise provided for in section 208.080, RSMo.

(7) A household meeting any of the following conditions will not be eligible to receive LIHEAP benefits:

(A) A household that is located outside the State of Missouri. This does not include a household that has a mailing address of another state, but that is physically located in Missouri;

(B) A household which resides in a professional, practical, or domiciliary nursing or boarding home and does not pay a home energy supplier or landlord directly for heating/cooling costs;

(C) A household which resides in a hotel, motel, dormitory, or

temporary shelter, and does not pay a home energy supplier or landlord directly for heating/cooling costs;

(D) A household which resides in government subsidized housing, unless they are paying a home energy supplier or are billed by the landlord/housing authority for any out-of-pocket heating/cooling costs;

(E) A household in a transitional living situation that has its heating/cooling paid for by the Department of Mental Health;

(F) A household that has a credit balance with its fuel supplier that is in excess of five-hundred dollars (\$500), with the exception of households who pre-pay for their fuel;

(G) A household that cuts its own wood, when wood is the household's primary source of heating; and

(H) A household residing in a recreational vehicle (RV), travel trailer, tent, shed, or other dwelling residing at the same address as, and sharing the same meter or source of power with, a household that has already received EA in the current LIHEAP fiscal year. (One (1) Meter + One (1) Bill = One (1) Household).

(8) Individuals meeting any of the following conditions shall not be included in a LIHEAP household:

(A) Individuals that are not citizens of the United States or a legal permanent resident;

(B) Individuals that are not living in the home at the time of application, unless the individual(s) was temporarily out of their home due to service termination;

(C) Individuals that are incarcerated;

(D) Individuals defined as roomers, boarders, or live-in-attendants;

(E) Deceased individuals, unless determined eligible prior to their date of death, and surviving household members exist; and

(F) Individuals that have been approved in a Missouri EA case or individuals moving into a household that has previously received EA in the current LIHEAP fiscal year at the same address. Eligibility will not be affected for individuals who have received LIHEAP benefits from another state in the same program year. Individuals that have been approved for EA in another household but require a new application due to change in address or supplier, may be eligible for ECIP only benefits as long as all other LIHEAP eligibility requirements have been met.

(9) Applicants shall use form EA-1 to apply for LIHEAP benefits. General application procedures for programs administered by the division are found in 13 CSR 40-2.010. For anything in this rule conflicting with the general application procedures in 13 CSR 40-2.010, this regulation controls for the application procedures for LIHEAP.

(A) The application form for LIHEAP benefits may be obtained by contacting the division or by accessing the department website (www.dss.mo.gov).

(B) The applicant shall provide and attest to the following information when making an application for LIHEAP benefits:

1. Applicant's contact information, including a home address and a mailing address, if different from the home address;

2. Applicant's and all other household member's identifying information, including name, Social Security number, date of birth, relationship to applicant, and citizenship status;

3. Utility and household information, including whether or not the applicant owns or plans on buying his/her home, whether or not the home has been weatherized by the local weatherization program, whether or not the home is all electric, the primary/main form of energy and secondary/other form of energy, if any, used to heat the home, and energy supplier information including supplier name, city, name on the account, and account number;

4. Landlord information, if applicable, including whether the applicant has an account with an energy supplier in his/her

landlord's name and is billed by the landlord, whether or not the applicant lives in subsidized housing and the heating and cooling costs are included in the rent, and the landlord's name, address, and phone number;

5. For each household member that received income from a job in the calendar month preceding the month in which the application is submitted to the division, include the member's name, employer name and address, how often the individual is paid, gross pay, current employment status, and provide all income documentation for that month on everyone in the household that works. This documentation includes, but is not limited to, wages (regular pay), vacation, sick leave, bonuses, and tips;

6. If anyone in the household receives income from self-employment, the applicant must provide a copy of the most recent Federal Income Tax Form 1040, and any accompanying schedules and other relevant forms, for each household member who is self-employed;

7. If anyone in the household pays court ordered Child Support, provide the amount paid in the last month and the eight- (8-) digit Child Support Case Number;

8. Any and all income received by any household member from sources other than a job or business, including the amount received and how often; and

9. Any and all resources, as defined in this rule.

(C) By submitting information to the division, an applicant or household member is certifying that the information is true, accurate, and complete.

(D) Applicants must provide additional application documentation as requested by the division, pursuant to Chapter 208, RSMo.

(E) The division will begin accepting applications on October 1, and processing applications on November 1, for households that include members who are elderly or disabled, as defined in this rule. The division will begin accepting all other household applications on November 1, and will begin processing those applications starting on December 1. If an acceptance or processing date falls on a weekend or holiday, the division will begin accepting/processing applications on the following work day.

(F) The applicant and anyone acting on their behalf have a continuing obligation to notify the division if any information specified in the application changes within ten (10) days of the change. Failure to do so may result in an adverse effect on the account, including, but not limited to, termination of LIHEAP benefits.

(G) Any notices will be sent to the address of record, and service by first class mail to the last known address of record in the department's system shall be good service for all notices for all purposes.

(10) Amounts paid by the department above the amount that the household was eligible to receive shall be an overpayment and may be collected as a debt due the state.

(11) In addition to any remedies authorized by law, the division may recover outstanding EA overpayments made in a prior year's programs by deducting the overpayment from the current year's EA benefit payment.

(12) Any LIHEAP eligible household whose home energy supplier does not participate in the program, or declines to provide service to the household, qualifies for a direct LIHEAP EA payment, to be paid to the applicant in an amount as determined under section (14) of this rule.

(13) A LIHEAP eligible renter household whose home heating costs are included as a part of their regular monthly rental charge will receive a one- (1-) time Energy Assistance (EA) direct cash payment equal to no more than eight percent (8%) of their

annual rental charge not to exceed the maximum EA benefit payment.

(14) EA payments are determined by household size, income range, and fuel source, using metrics established by the division. Monthly Income Federal Poverty ranges are A: 0-25% of the Federal Poverty Level, as set by the U.S. Department of Health and Human Services each year, B: 26-50%, C: 51-75%, D: 76-100%, E: 101-125% and F: 126-135%.

Payment Levels for Missouri
Primary Fuel
Monthly Income Federal Poverty Level

Fuel Type	A	B	C	D	E	F
Natural Gas	\$296	\$278	\$259	\$240	\$221	\$203
Tank Propane	\$450	\$413	\$375	\$338	\$300	\$263
Electric	\$289	\$270	\$251	\$233	\$214	\$195
Fuel Oil	\$296	\$278	\$259	\$240	\$221	\$203
Wood	\$199	\$180	\$161	\$143	\$124	\$105
Kerosene	\$139	\$120	\$101	\$ 83	\$ 64	\$ 45
Cylinder Propane	\$161	\$143	\$124	\$105	\$ 86	\$ 68

AUTHORITY: section [207.020, RSMo 2000] 207.022, RSMo Supp. 2014. Emergency rule filed Nov. 26, 1980, effective Dec. 6, 1980, expired March 11, 1981. Original rule filed Nov. 26, 1980, effective March 12, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 21, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Family Support Division, Julie Gibson, Director, PO Box 2320 Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 19—Energy Assistance

PROPOSED RESCISSION

13 CSR 40-19.030 Summer Electric Utility Service. This rule established the requirements to qualify for a summer energy assistance program in 1981.

PURPOSE: This rule is being rescinded because it applies only to a program that expired in 1981.

AUTHORITY: section 207.020, RSMo 1994. Emergency rule filed Dec. 15, 1980, effective Dec. 15, 1980, expired March 11, 1981. Original rule filed Dec. 5, 1980, effective March 12, 1981. Rescinded: Filed Sept. 21, 2016.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Family Support Division, Julie Gibson, Director, PO Box 2320 Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 65—Missouri Medicaid Audit and Compliance Unit
Chapter 3—Providers and Participants—General Provider and Participant Policies

PROPOSED RULE

13 CSR 65-3.050 Electronic Signatures for Mo HealthNet Program

PURPOSE: This rule establishes the basis on which health care providers and participants under Missouri Medicaid Title XIX Program may utilize electronic signatures when validating services rendered and received.

(1) As used in this rule, the following terms shall mean:

(A) “Electronic Health Record” means an electronic record of health-related information on an individual that may include patient demographic and clinical health information, such as medical histories and problem lists; and has the capacity to provide clinical decision support; to support physician order entry; to capture and query information relevant to health care quality; and to exchange electronic health information with, and integrate such information from, other sources (as defined by American Recovery and Reinvestment Act (ARRA));

(B) “Electronic Service Record” means an electronic record of information on an individual that is required as a component of the service provision including, but not limited to, defined evidence of service, log/observation notes, data collection, periodic reporting, and notification documentation. Information required as a component of service provision may be defined within the State of Missouri Waiver Manuals, the *Code of State Regulations*, *Missouri Revised Statutes*, contracts with individual service providers, and other related documentation utilized to regulate the service;

(C) “Electronic Signature” means a computer data compilation of any symbol or series of symbols executed, adopted, or authorized by an individual with the intent to be the legally binding equivalent of the individual’s handwritten signature. An electronic signature shall not include biometrics such as fingerprinting; however, Missouri Medicaid Audit and Compliance (MMAC) or a provider may allow the use of biometrics, retinal-iris image scan, facial image scan, voice verification or palm or fingerprint verification, and other related technology as part of the electronic signature verification. These biometrics features shall comply with: *The Registry of USG Recommended Biometric Standards* (Registry) supplements the *NSTC Policy for Enabling the Development, Adoption and Use of Biometric Standards*;

(D) “Participant” means any individual that is a current participant under the Missouri Medicaid Title XIX program;

(E) “Provider” means any health care provider currently participating and providing services under Title XIX and under Title XXI of the federal Social Security Act; and

(F) “Signature Stamp” officially deemed impermissible to use for medical review purposes (see CMS Pub 100-08 Transmittal 327).

(2) This rule applies to any electronic health record, electronic service record, or electronic signature, as defined in 13 CSR 65-2.010,

which is created, generated, sent, communicated, received, or stored involving a provider or participant.

(3) If a law or regulation requires a record to be in writing, an electronic health record shall satisfy such law for MO HealthNet purposes. If a law or regulation requires a signature to be in writing, an electronic signature shall satisfy such law for MO HealthNet purposes.

(4) Both the provider and the participant must consent to conduct business electronically. Nothing in this regulation requires parties to conduct business electronically.

(5) If a provider and a participant agree to conduct business electronically, then the following requirements apply to the provider:

(A) Only employees or agents designated by the provider may make entries in the participant’s electronic health record or electronic service record;

(B) All entries in the participant’s electronic health record or electronic service record must be authenticated with a method established to identify the author. The identification may include computer keys/codes, voice authentication systems that utilize a personal identification number (PIN), and voice authentication or other codes;

(C) Providers shall have a process in place to deactivate and disable an employee’s or an agent’s access to medical records upon suspension or termination of employment or agency relationship;

(D) Provider’s electronic health records and/or electronic service record system shall maintain an activity tracking system to monitor and record user activity for all documents in a participant’s record that are viewed, created, updated, or modified. The tracking system must record the following for each activity:

1. User log-in and log-out dates and times;
2. User identification;
3. An IP address; and
4. Dates and times when records are viewed, created, updated, or modified; and

(E) When computer key/code(s), voice authentication systems, or other codes are used, a provider shall have each authorized employee or agent read and sign an attestation documenting that the chosen method is under the sole control of the employee or agent using it. The provider must further demonstrate that a list of computer key/code(s), voice authentication systems, or other codes can be verified and all adequate safeguards are maintained to protect against improper or unauthorized use of computer key/code(s), or other codes for electronic signatures.

(6) During system access of electronic health or service records, the provider and their employees or agents shall review and agree to a statement, with electronic health records and/or health service records for MO HealthNet participants that contain the following:

(A) The documentation made and information provided in each participant’s record accurately reflects the services provided, diagnosis made, treatments provided, and information recorded during that session;

(B) The electronic health record and/or health service record accurately reflects the provider’s or its employee’s or agent’s role, relationship, position, and intent as indicated by his or her name, title and capacity for the participant’s record;

(C) The information provided is true, accurate, and complete to the best of the individual’s knowledge;

(D) The individual understands that any falsification, omission, or concealment of material facts may subject the individual to administrative, civil, or criminal liability; and

(E) The individual understands that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

(7) Providers’ and participants’ electronic signatures on electronic health records and electronic service records maintained by the

provider shall contain information associated with the signature that clearly indicates all of the following:

- (A) The printed complete name of the signer;
- (B) If applicable, the professional title of the electronic signer, such as M.D., R.N., P.A., etc.;
- (C) The date and time the signature was executed; and
- (D) The meaning associated with the signature, such as review, approval, responsibility, submitted by, entered by, updated by, created by, read by, viewed by, or similar authorship. The meaning for applying an electronic signature to a certain record type can be defined by the type of record as long as such meaning is clarified in procedure and is understood by the electronic signer.

(8) A provider's process for using electronic signatures of the provider or its employees or agents shall comply with the following requirements:

(A) Each electronic signature and affiliated initial system shall be unique to one (1) individual and shall not be reused by, or reassigned to, anyone else that is employed by, consultant to, or an agent of the provider;

(B) Before a provider establishes, assigns, certifies, or otherwise approves an individual's electronic signature, controlled system access, or any element of such electronic signature, the provider shall verify the identity of the individual;

(C) Before electronically signing, providers and their employees and agents shall certify to the department that the electronic signatures in their system are intended to be the legally binding equivalent of traditional handwritten signatures as they pertain to the MO HealthNet program;

(D) Upon the department's request, providers and their employees and agents shall provide additional certification that a specific electronic signature is the legally binding equivalent of the signer's handwritten signature;

(E) The electronic signatures of the provider and its employees and agents shall—

- 1. Include at least two (2) distinct identification components, such as an identification code and password;
- 2. Be used only by their genuine owners;
- 3. Not constitute a signature stamp; and
- 4. Be administered and executed to ensure that attempted use of a provider's and or its employees' or agents' electronic signatures by anyone other than its genuine owner requires collaboration of two (2) or more individuals.

(9) A provider's process for using electronic signatures of MO HealthNet participants shall comply with the following requirements:

(A) A participant's electronic signature shall be verified with photo identification by the attending provider or its employee or agent prior to accepting the participant's signature;

(B) A participant's electronic signature must be available to review by MMAC;

(C) The participant shall execute or attest to the following statement, or a similar statement with comparable intent:

"I, [Participant Full Name], understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature"; and

(D) The provider shall be responsible for ensuring that the details of the service as defined by the documented evidence of that service, such as the date, time, and services provided shall be clearly identified in connection with the electronic signature.

(10) When a change or error in an electronic health record occurs—

(A) All original records must be maintained once an electronic signature has been applied attesting to the author's ownership of the wording of the record;

(B) Any edits of the records must be saved as an update to the original record with date, time, and information by author, including his or her name and title, if applicable;

(C) The edits are to be credited to the new author and not the orig-

inal author.

(11) Providers shall implement a written internal organizational policy that—

(A) Addresses the issue of protection for the use of electronic signatures by anyone other than that to whom the electronic signer intended;

(B) Includes the following three (3) elements:

1. Nonrepudiation—assurance that the signer cannot deny signing the document in the future;

2. Each entry shall be time and date stamped with the author's name and title, and identify the action of the entry;

3. The user will be responsible for each entry as the original author;

(C) Requires the provider to retain electronic health records for a minimum period of ten (10) years, unless the records are the subject of an audit or litigation. Records that are the subject of an audit or litigation shall be maintained until the conclusion of the audit or litigation. The documents also shall be retained for a longer period of time at the request of MMAC, if a written demand to keep such records is delivered to the provider;

(D) Ensures that all electronic signatures are accurate, legible, and accessible;

(E) Requires the provider to produce a copy of the services rendered for participants to review prior to obtaining participants' electronic signatures verifying receipt of the prescribed services; and

(F) Recognizes the following:

1. The definition of electronic signature;

2. How the provider's system of electronic signature comports with each of the elements of acceptable use specified above;

3. Acknowledgment that the electronic signature is legally enforceable;

4. Retention of an electronic document with an acceptable electronic signature will satisfy record retention requirements; and

5. Failure to comply with the prescribed requirements may subject an individual to prosecution under all applicable federal and state criminal and civil laws.

AUTHORITY: sections 208.159 and 660.017, RSMo 2000. Original rule filed Sept. 21, 2016.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Jessica Dresner, Director, Missouri Medicaid Audit and Compliance Unit, PO Box 6500, 205 Jefferson St., 2nd Floor, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO Healthnet Division
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General
Applicability**

PROPOSED AMENDMENT

13 CSR 70-3.030 Sanctions for False or Fraudulent Claims for MO HealthNet Services. The division is amending subsections (5)(C), (6)(A), (6)(B), and (6)(E).

PURPOSE: This amendment to subsections (5)(C), (6)(A), (6)(B), and (6)(E) clarifies that the effective date of agency actions is the day the notice is mailed to the provider and not the day the notice is received.

(5) Imposition of a Sanction.

(C) When a sanction involving the collection, recoupment, or withholding of MO HealthNet payments from a provider is imposed on a provider, it shall become effective ten (10) days from the date *[the provider receives] of mailing or delivery of said notice [established by a signed receipt of delivery of the imposition of the sanction], whichever occurs first.* When any other sanction is imposed on a provider it shall become effective thirty (30) days from the date *[the provider receives notice established by a signed receipt of delivery of the imposition of the sanction] of mailing or delivery of a decision of the Department of Social Services or its designated division, whichever occurs first.* If, in the judgment of the single state agency, the surrounding facts and circumstances clearly show that serious abuse or harm may result from delaying the imposition of a sanction, any sanction may be made effective **three (3) days after mailing of the notice to the provider or** immediately upon receipt of notice by the provider, **whichever occurs first.**

(6) Amounts Due the Department of Social Services From a Provider.

(A) If there exists an amount due the Department of Social Services from a provider, the single state agency shall notify the provider or the provider's representative of the amount of the overpayment. The notice shall be mailed **or delivered** to the address on the provider's enrollment record. If the amount due is not sooner paid to the Department of Social Services by or on behalf of the provider, the single state agency *[, forty-five (45) days from the date the provider receives the notice, established by a signed receipt of delivery or receipt of undelivered mail from the United States Post Office using the address on the provider's enrollment record,]* may take appropriate action to collect the overpayment **forty-five (45) days from the date of mailing or delivery of said notice, whichever occurs first.** The single state agency may recover the overpayment by withholding from current MO HealthNet reimbursement. The withholding may be taken from one (1) or more payments until the funds withheld in the aggregate equal the amount due as stated in the notice.

(B) When a provider receives notice *[, established by a signed receipt of delivery, or receipt of undelivered mail from the United States Post Office using the address on the provider's enrollment record,]* of an overpayment and the amount due is in excess of one thousand dollars (\$1,000), the provider, within *[ten (10)] fourteen (14) days of the notice being mailed or delivered to the provider, whichever occurs first,* may submit to the single state agency a plan for repayment of forty percent (40%) of the overpayment amount and request that the plan be adopted and adhered to by the single state agency in collecting the overpayment. No repayment plans will be considered for the first sixty percent (60%) of the overpayment amount. If this repayment plan is timely received from a provider, the single state agency shall consider the proposal, together with all the facts and circumstances of the case and reject, accept, or offer to accept a modified version of the provider's plan for repayment. The single state agency shall notify the provider of its decision within ten (10) days after the proposal is received. If no plan for repayment is agreed upon within thirty (30) days *[after the provider receives] from the date of mailing or delivery of a decision of the* notice of the overpayment **to the provider, whichever occurs first,** the MO HealthNet agency may take appropriate action to collect the balance of the amount due.

(E) The single state agency may collect provider overpayments from any other enrolled provider when the other enrolled provider has received payment on behalf of the provider who incurred the overpayment (such as when a provider has directed payment to

another enrolled provider). The single state agency may also collect provider overpayments from any enrolled provider with the same federal employer identification number (EIN) as the provider who incurred the overpayment. The state agency shall notify the other enrolled provider(s) forty-five (45) days prior to initiating the overpayment action. The notice shall be mailed to the address on the provider's(s') enrollment record. If the amount due is in excess of one thousand dollars (\$1,000), the other enrolled provider, within *[ten (10)] fourteen (14) days of mailing of the notice,* may submit to the single state agency a plan for repayment of forty percent (40%) of the overpayment amount and request that the plan be adopted and adhered to by the single state agency in collecting the overpayment. No repayment plan will be considered for the first sixty percent (60%) of the overpayment amount. If this repayment plan is timely received from the other enrolled provider, the single state agency shall consider the proposal, together with all the facts and circumstances of the case and reject, accept, or offer to accept a modified version of the other enrolled provider's plan for repayment. The single state agency shall notify the other enrolled provider of its decision within ten (10) days after the proposal is received. If no plan for repayment is agreed upon within thirty (30) days after the other enrolled provider receives notice of the overpayment, the Medicaid agency may take appropriate action to collect the balance of the amount due.

AUTHORITY: sections 208.153 and 208.201, RSMo Supp. 2013. This rule was previously filed as 13 CSR 40-81.160. Original rule filed Sept. 22, 1979, effective Feb. 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed Oct. 3, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Jessica Dresner, Director, Missouri Medicaid Audit and Compliance Unit, PO Box 6500, 205 Jefferson St., 2nd Floor, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—MO HealthNet Division Chapter 3—Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

PROPOSED AMENDMENT

13 CSR 70-3.240 MO HealthNet Primary Care Health Homes. The division is revising sections (1), (3), and (4).

PURPOSE: This amendment adds uncontrolled asthma in children and obesity as stand-alone chronic conditions that qualify MO HealthNet participants as Primary Care Health Home patients. The amendment also adds depression, anxiety, and substance use disorder as chronic conditions that, in combination with another qualifying chronic condition, qualify MO HealthNet participants as Primary Care Health Home patients. The amendment adds a performing provider requirement to Primary Care Health Homes with patients receiving services for a substance use disorder chronic condition. The amendment removes the no-longer applicable requirement for Health Home provider participation in learning collaboratives, and

updates the Health Home certification requirements. The amendment revises Health Home team requirements to include a Physician Champion. Finally, the amendment updates the process for alerting Health Homes to potential enrollees, and simplifies how Primary Care Health Homes may share information with area hospitals on Health Home enrollees.

(1) Definitions.

[(C)] **Learning Collaborative**—Group training sessions that primary care providers must attend if they are chosen to participate in the MO HealthNet Health Home program. The training will include meetings with mandatory attendance by certain officers and medical staff of the Health Home site and monthly conference calls.]

[(D)] **(C) Meaningful Use Stage One**—The American Recovery and Reinvestment Act (ARRA) of 2009 created the Electronic Health Records (EHR) incentive payments program to provide Medicare or Medicaid incentive payments to eligible professionals in primary care practices. Meaningful use means that the eligible professionals or providers document that they are using certified EHR technology in ways that can be measured significantly in quality and in quantity. Stage one of meaningful use means the eligible professionals meet twenty (20) out of twenty-five (25) meaningful use objectives as specified by the Centers for Medicare and Medicaid Services (CMS).

[(E)] **(D) MHD**—MO HealthNet Division, Department of Social Services.

[(F)] **(E) NCQA**—National Committee of Quality Assurance, [the] an entity chosen by MHD to certify that a primary care practice has obtained a level of Health Home recognition after the practice achieves specified Health Home standards.

[(G)] **(F) Needy Individuals**—Patients whose primary care services are either reimbursed by MHD or the Children's Health Insurance Program (CHIP), or are provided as uncompensated care by the primary care practice, or are furnished at no cost or at reduced cost to patients without insurance.

[(H)] **(G) Patient Panel**—The list of patients for whom each provider at the practice site serves as the primary care provider.

[(I)] **(H) CMS**—Centers for Medicare and Medicaid Services.

(I) The Joint Commission—An entity chosen by MHD to certify that a primary care practice has obtained a level of Health Home recognition after the practice achieves specified Health Home standards.

(3) Health Home Responsibilities After Selection.

(A) Health Home practice sites will *[be physician- or nurse practitioner-led and]* **have a physician champion to provide physician leadership and encourage practice transformation to the Health Home model. Health Home practice sites** shall form a health team comprised of, at a minimum, a primary care physician (i.e., family practice, internal medicine, or pediatrics) or nurse practitioner, *[a licensed nurse or medical assistant,]* a behavioral health consultant, **and** a nurse clinical care manager, *[and the practice administrator or office manager]*. The team will be supported as needed by the care coordinator, *[and]* Health Home Director, **and the practice administrator or office manager**. Other team members may include, for example, dietitians, nutritionists, pharmacists, or social workers.

(B) Practice sites selected to be MHD Health Homes shall participate in Health Home *[learning collaboratives. MHD will announce the dates and locations for learning collaborative meetings]* **webinars, care team forums, and other training opportunities.**

[1. At a minimum, each Health Home practice site shall send to the learning collaborative meetings a team consisting of a senior clinician, another clinician, and a non-clinician member of the practice (site) such as the practice manager or practice administrator.

2. A Health Home will participate in monthly learning

collaborative conference calls or webinars.

3.] A Health Home will participate in topical work groups as requested by MHD.

[4. A practice organization that has more than one (1) of its practice sites recognized by MHD as Health Homes, but not all of its sites selected for learning collaborative participation, shall designate a trainer to participate in a "train the trainer" program. The trainer shall attend the learning collaborative as a member of a practice's core practice team and then train all of the organization's other Health Home practice sites that were not selected for learning collaborative participation. MHD or its designee shall identify content that the practice organization trainer will teach to the Health Home practice sites that do not participate in the learning collaborative.]

(F) By the eighteenth month following the receipt of the first MHD Health Home payment, a practice site participating in the Health Home program shall demonstrate to MHD that the practice site has either—

1. Submitted to the National Committee of Quality Assurance (NCQA) an application for Health Home status and has obtained NCQA recognition of Health Home status **of at least ["Level 1 Plus," "Level 1 Plus" recognition is defined for these purposes as meeting 2011 NCQA Level 1 standards, plus recognition for achieving the following 2011 NCQA patient-centered medical home standard at the specified level of performance: Standard 3C at one hundred percent (100%), or at seventy-five percent (75%) with an acceptable plan of correction] under the most recent NCQA standard; or**

2. *[Submitted]* **Applied to [NCQA an application for Health Home status and has obtained NCQA recognition of Health Home status at "Level 1 Plus," defined as meeting NCQA 2008 PPC-PCMH Level 1 standards, plus recognition for achieving the following NCQA 2008 PPC-PCMH standards at the specified levels of performance: Standard 3C at seventy-five percent (75%), Standard 3D at one hundred percent (100%), and Standard 4B at fifty percent (50%)]** **The Joint Commission for certification as a Primary Care Medical Home.**

(G) A Health Home shall submit to MHD or its designee the following information, as further specified by MHD or its designee, within the specified time frames:

1. Monthly narrative practice reports that describe the Health Home's efforts and progress toward implementing Health Home practices;

2. Monthly clinical quality indicator reports utilizing clinical data obtained from the Health Home's patient registry or third-party data repository; **and**

[3. Periodic submission of Medicaid Home Implementation Quotient (MHIQ) survey scores, as specified by MHD; and]

[4.] **3.** Other reports as specified by MHD.

(I) A Health Home must notify MHD within five (5) working days of the following changes:

1. *[If the employment or contract of a clinical care manager is terminated after the initiation of clinical care management payments;]* **Changes in the employment or contracting of Health Home team members, or changes in the percentage of full-time equivalent work time devoted to the Health Home by any Health Home team member; or**

2. If the Health Home experiences substantive changes in practice ownership or composition, including:

A. Acquisition by another practice;

B. Acquisition of another practice; or

C. Merger with another practice.

(K) Within three (3) months of selection to be a Health Home, a practice site will develop *[agreements or memorandums of understanding to formalize traditional care planning with*

area hospitals, in which the hospitals agree to—

1. Notify the Health Home when Health Home patients are admitted to inpatient hospital departments;

2. Identify for the Health Home individuals seeking emergency department services who might benefit from connection with the Health Home;

3. Notify the Health Home when Health Home patients seek treatment in the hospitals' emergency departments; and

4. Refer patients to the Health Home for follow-up care.] processes with area hospitals to share information on Health Home participants admitted to inpatient departments or seen in the emergency department.

(L) In order to provide Health Home services to a participant with substance use disorder and who is eligible for Health Home services in accordance with subparagraph (4)(A)2.A., a Primary Care Health Home practice must have at least one (1) performing provider who qualifies and applies for a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000) to provide medication-assisted treatment.

(4) Health Home Patient Requirements.

(A) To become a MO HealthNet Health Home patient, an individual—

1. Must be an MHD participant or a participant enrolled in an MHD managed care health plan; and

2. Must have at least—

A. Two (2) of the following chronic [health] conditions:

(I) Asthma;

(II) Diabetes;

(III) Cardiovascular disease;

(IV) A developmental disability; [or]

(V) Be overweight, as evidenced by having a body mass index (BMI) [over] of at least twenty-five (25) for adults, or being at or above the eighty-fifth (85th) percentile on the standard pediatric growth chart for children; [or]

(VI) Depression;

(VII) Anxiety; or

(VIII) Substance use disorder; or

B. One (1) chronic health condition and be at risk for a second chronic health condition as defined by MHD. In addition to being a chronic health condition, diabetes shall be a condition that places a patient at risk for a second chronic condition. Smoking or regular tobacco use shall be considered at-risk behavior leading to a second chronic health condition./.; or

C. One (1) of the following stand-alone chronic conditions:

(I) Uncontrolled pediatric asthma as defined by MO HealthNet; or

(II) Obesity, as evidenced by having a BMI over thirty (30) for adults, or being above the ninety-fifth (95th) percentile on the standard pediatric growth chart for children.

(B) A list of participants eligible for Health Home services and identified by MHD as [an] existing users of services at Health Home [services] practices will be [auto-assigned to a] provided monthly to each Health Home based on qualifying chronic health conditions. [A participant not enrolled in an MHD managed care health plan will be attributed to a Health Home using a standard patient algorithm adopted by MHD. A participant enrolled in an MHD managed care health plan will be attributed to a Health Home practice site that the participant has selected or to which the participant has been assigned by the health plan] Health Home organizations will determine enrollees from the lists provided by MHD as well as practice patients identified through the Health Homes' EMR systems.

(C) After being [assigned to] enrolled in Health Homes, participants will be granted the option at any time to change their Health Homes if desired. [A participant assigned to a Health Home will be notified by MHD of all available Health Home sites

throughout the state. The notice will—

1. Describe the participant's choice in selecting a Health Home;

2. Provide a brief description of Health Home services, including the role of care managers and coordinators; and

3. Describe the process for the participant] **Participants will be given the opportunity** to opt out of receiving services from their [assigned] Health Home providers.

[(D) Participants eligible for Health Home services who receive inpatient hospital or hospital emergency department services will be notified of eligible Health Homes and will be referred to Health Homes based on their choice of providers. Participants who are admitted to a hospital or who receive hospital emergency department services will be identified as eligible for Health Home services through the MHD comprehensive Medicaid electronic health record.

(E) Health Home providers to which patients have been auto-assigned will be notified by MHD of patients' enrollment for Health Home services. The Health Homes will notify their patients' other treatment providers in order to explain Health Home goals and services, and to encourage their patients' other treatment providers to participate in care coordination efforts.]

AUTHORITY: section 208.201, RSMo Supp. [2011] 2013. Original rule filed Dec. 15, 2011, effective July 30, 2012. Amended: Filed Sept. 29, 2016.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately \$1,844,321 in SFY 2017 and annually thereafter.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title:** Title 13 - Department of Social Services
Division Title: Division 70 - MO HealthNet Division
Chapter Title: Chapter 3 – Conditions of Provider Participation, Reimbursement and Procedure of General Applicability

Rule Number and Name:	13 CSR 70-3.240 MO HealthNet Primary Care Health Homes
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, MO HealthNet Division	SFY 2017 = \$1.844 million and annually thereafter

III. WORKSHEET

Estimated Cost for SFY 2017:

2,500 additional Primary Care Health Home payments from patients with the additional qualifying chronic conditions, divided by 16,500 current average monthly Primary Care Health Home PMPM payments per month, = 15.15% increase in monthly PMPM payments.

Projected Primary Care Health Home payments of \$12,172,520 in SFY 2016, multiplied by the 15.15% increase in monthly PMPM payments from patients with additional qualifying chronic conditions, = **\$1,844,321** increase in PMPM expenditures from Primary Care Health Home patients with additional chronic conditions.

Blended FMAP of 63.23%, multiplied by \$1,844,321 increase in PMPM expenditures from additional Primary Care Health Home patients, = \$1,166,164 federal share of increase. \$1,844,321 - \$1,166,164 = \$678,157 state share of increase from additional PMPM expenditures attributed to the proposed amendment.

IV. ASSUMPTIONS

The new Primary Care Health Home patients with additional qualifying chronic conditions in the proposed amendment would start receiving services in SFY 2017. The enrollment of the new patients would be staggered throughout SFY 2017. To avoid underestimating the fiscal impact of the new Primary Care Health Home patients, the calculations assume that the new patients are enrolled and receiving Health Home services at the start of SFY 2017.

The current average number of Primary Care Health Home payments per month = 16,500. This number of monthly payments is the base without additional patients from the expansion of qualifying chronic conditions.

The estimated increase in Primary Care Health Home patients with qualifying chronic conditions = 2,500. The calculations assume that all 2,500 of these new patients generate a PMPM payment every month.

Projected Primary Care Health Home PMPM payments in SFY 2016 = \$12,172,520, which reflects a 2% increase in the PMPM rate effective with January 2016 Health Home services.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 1—Controlled Substances**

PROPOSED AMENDMENT

19 CSR 30-1.002 Schedules of Controlled Substances. The department is amending the purpose statement and sections (1) and (2).

PURPOSE: The department is updating the list of controlled substances to reflect statutory changes to the schedules and actions taken by the federal Drug Enforcement Administration to modify the controlled substance schedules in accordance with section 195.017, RSMo, and to correct typographical errors.

PURPOSE: [Chapter 195, RSMo states in section 195.230, RSMo that t]The Department of Health and Senior Services [shall] has prepared a list of all drugs falling within the purview of controlled substances. [Upon preparation, a copy of the list shall be filed in the Office of the Secretary of State. It also requires, in section 195.017.11, RSMo, the Department of Health to revise and republish the schedules semiannually for two years from September 28, 1971, and annually after that.]

(1) Schedules of Controlled Substances.

(A) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the Drug Enforcement Administration (DEA) Controlled Substances Code Number set forth opposite it.

1. Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

<i>A. Acetyl-alpha-methylfentanyl (N-(1-(1-methyl-2-phenethyl)-4-piperidinyl)-N-phenylacetamide)</i>	9815
<i>B. Acetylmethadol</i>	9601
<i>C. Allylprodine</i>	9602
<i>D. Alphacetylmethadol (except levoalphacetylmethadol also known as levo-alpha-acetylmethadol levothadyl acetate or LAAM)</i>	9603
<i>E. Alphameprodine</i>	9604
<i>F. Alphamethadol</i>	9605
<i>G. Alpha-methylfentanyl (N-1-(alphamethyl-beta-phenyl) ethyl-4-piperidyl) propionanilide; 1-(1-methyl-2-phenylethyl)-4 ((N-pro-panilido) piperidine)</i>	9814
<i>H. Alpha-methylthiofentanyl (N-(1-methyl-2-(2-thienyl) ethyl-4-piperidinyl)-N-phenylpropan-amide)</i>	9832
<i>I. Benzethidine</i>	9606
<i>J. Betacetylmethadol</i>	9607
<i>K. Beta-hydroxyfentanyl (N-(1-(2-hydroxy-2-phenethyl)-4-piperidinyl)-N-phenylpropan-amide)</i>	9830
<i>L. Beta-hydroxy-3-methylfentanyl (other name: N-(1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl)-N-phenylpropan-amide)</i>	9831
<i>M. Betameprodine</i>	9608
<i>N. Betamethadol</i>	9609
<i>O. Betaprodine</i>	9611
<i>P. Clonitazene</i>	9612
<i>Q. Dextromoramide</i>	9613

<i>R. Diampromide</i>	9615
<i>S. Diethylthiambutene</i>	9616
<i>T. Difenoixin</i>	9168
<i>U. Dimenoxadol</i>	9617
<i>V. Dimepheptanol</i>	9618
<i>W. Dimethylthiambutene</i>	9619
<i>X. Dioxaphetyl butyrate</i>	9621
<i>Y. Dipipanone</i>	9622
<i>Z. Ethylmethylthiambutene</i>	9623
<i>AA. Etonitazene</i>	9624
<i>BB. Etoxeridine</i>	9625
<i>CC. Furethidine</i>	9626
<i>DD. Hydroxypethidine</i>	9627
<i>EE. Ketobemidone</i>	9628
<i>FF. Levomoramide</i>	9629
<i>GG. Levophenacetylmorphan</i>	9631
<i>HH. 3-Methylfentanyl (N-(3-methyl-1-(2-phenylethyl)-4-piperidyl)-N-phenylpropanamide), its optical and geometric isomers, salts and salts of isomers</i>	9813
<i>II. 3-Methylthiofentanyl (N-(1-(3-methyl-1-(2-thienyl) ethyl-4-piperidinyl)-N-phenylpropanamide)</i>	9833
<i>JJ. Morpheridine</i>	9632
<i>KK. MPPP (1-methyl-4-phenyl-4-propionoxypiperidine)</i>	9661
<i>LL. Noracymethadol</i>	9633
<i>MM. Norlevorphanol</i>	9634
<i>NN. Normethadone</i>	9635
<i>OO. Norpipanone</i>	9636
<i>PP. Para-fluorofentanyl (N-(4-fluorophenyl)-N-(1-(2-phenethyl)-4-piperidinyl) propanamide</i>	9812
<i>QQ. PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine)</i>	9663
<i>RR. Phenadoxone</i>	9637
<i>SS. Phenampromide</i>	9638
<i>TT. Phenomorphan</i>	9647
<i>UU. Phenoperidine</i>	9641
<i>VV. Piritramide</i>	9642
<i>WW. Proheptazine</i>	9643
<i>XX. Properidine</i>	9644
<i>YY. Propiram</i>	9649
<i>ZZ. Racemoramide</i>	9645
<i>AAA. Thiofentanyl (N-phenyl-N-(1-(2-thienyl)ethyl-4-piperidinyl)-propanamide</i>	9835
<i>BBB. Tilidine</i>	9750
<i>CCC. Trimeperidine</i>	9646]
<i>A. Acetyl-alpha-methylfentanyl (N-(1-(1-methyl-2-phenethyl)-4-piperidinyl)-N-phenylacetamide)</i>	9815
<i>B. Acetylmethadol</i>	9601
<i>C. AH-7921(3,4-dichloro-N-[(1-dimethylamino) cyclohexylmethyl] benzamide)</i>	9551
<i>D. Allylprodine</i>	9602
<i>E. Alphacetylmethadol (except levoalphacetylmethadol also known as levo-alpha-acetylmethadol levothadyl acetate or LAAM)</i>	9603
<i>F. Alphameprodine</i>	9604
<i>G. Alphamethadol</i>	9605
<i>H. Alpha-methylfentanyl (N-1-(alphamethyl-beta-phenyl) ethyl-4-piperidyl) propionanilide; 1-(1-methyl-2-phenylethyl)-4 ((N-propanilido) piperidine)</i>	9814
<i>I. Alpha-methylthiofentanyl (N-(1-methyl-2-(2-thienyl) ethyl-4-piperidinyl)-N-phenylpropanamide)</i>	9832
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L. Beta-hydroxyfentanyl (N-(1-(2-hydroxy-2-phenethyl)-4-piperidinyl)-N-phenylpropanamide)	9830
M. Beta-hydroxy-3-methylfentanyl (other name: N-(1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl)-N-phenylpropanamide)	9831
N. Betameprodine	9608
O. Betamethadol	9609
P. Betaprodine	9611
Q. Clonitazene	9612
R. Dextromoramide	9613
S. Diampromide	9615
T. Diethylthiambutene	9616
U. Difenoxin	9168
V. Dimenoxadol	9617
W. Dimepheptanol	9618
X. Dimethylthiambutene	9619
Y. Dioxaphetyl butyrate	9621
Z. Dipipanone	9622
AA. Ethylmethylthiambutene	9623
BB. Etonitazene	9624
CC. Etoxeridine	9625
DD. Furethidine	9626
EE. Hydroxypethidine	9627
FF. Ketobemidone	9628
GG. Levomoramide	9629
HH. Levophenacilmorphan	9631
II. 3-Methylfentanyl (N-(3-methyl-1-(2-phenylethyl)-4-piperidyl)-N-phenylpropanamide), its optical and geometric isomers, salts, and salts of isomers	9813
JJ. 3-Methylthiofentanyl (N-((3-methyl-1-(2-thienyl)ethyl-4-piperidinyl)-N-phenylpropanamide)	9833
KK. Morpheridine	9632
LL. MPPP (1-methyl-4-phenyl-4-propionoxypiperidine)	9661
MM. Noracymethadol	9633
NN. Norlevorphanol	9634
OO. Normethadone	9635
PP. Norpipanone	9636
QQ. Para-fluorofentanyl (N-(4-fluorophenyl)-N-(1-(2-phenethyl)-4-piperidinyl)propanamide)	9812
RR. PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine)	9663
SS. Phenadoxone	9637
TT. Phenampromide	9638
UU. Phenomorphan	9647
VV. Phenoperidine	9641
WW. Piritramide	9642
XX. Proheptazine	9643
YY. Properidine	9644
ZZ. Propiram	9649
AAA. Racemoramide	9645
BBB. Thiofentanyl (N-phenyl-N-(1-(2-thienyl)ethyl-4-piperidinyl)-propanamide)	9835
CCC. Tilidine	9750
DDD. Trimeperidine	9646
2. Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:	
A. Acetorphine	9319
B. Acetyldihydrocodeine	9051
C. Benzylmorphine	9052
D. Codeine methylbromide	9070
E. Codeine-N-Oxide	9053

F. Cyprenorphine	9054
G. Desomorphine	9055
H. Dihydromorphine	9145
I. Drotebanol	9335
J. Etorphine (except hydrochloride salt)	9056
K. Heroin	9200
L. Hydromorphenol	9301
M. Methyl-desorphine	9302
N. Methyl-dihydromorphine	9304
O. Morphine methylbromide	9305
P. Morphine methylsulfonate	9306
Q. Morphine-N-Oxide	9307
R. Myrophine	9308
S. Nicocodeine	9309
T. Nicomorphine	9312
U. Normorphine	9313
V. [Pholcodeine] Pholcodine	9314
W. Thebacon	9315

3. Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances or which contains any of its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (For purposes of paragraph (1)(A)3. of this rule only, the term isomer includes the optical, position, and geometric isomers.):

[A. Alpha-ethyltryptamine	7249
Some trade or other names: etryptamine; Monase; alpha-ethyl-1H-indole-3-ethenamine; 3-(2-aminobutyl)indole; alpha-ET; and AET;	
B. Benzylpiperazine or other name BZP	7493
C. 4-bromo-2,5-dimethoxyamphetamine	7391
Some trade or other names: 4-bromo-2, 5-dimethoxy-amethylphenethylamine; 4-bromo-2,5-DMA;	
D. 4-bromo-2,5-dimethoxyphenethylamine	7392
E. 2,5-dimethoxyamphetamine	7396
Some trade or other names: 2,5-dimethoxy-amethylphenethylamine; 2,5-DMA;	
F. 2,5-dimethoxy-4-ethylamphetamine	7399
Some trade or other names: DOET	
G. 2,5-dimethoxy-4-(n)-propylthiophenethylamine	
H. 4-methoxyamphetamine	7411
Some trade or other names: 4-methoxy-amethylphenethylamine; paramethoxyamphetamine; PMA;	
I. 5-methoxy-3,4-methylenedioxy-amphetamine	7401
J. 4-methyl-2,5-dimethoxyamphetamine	7395
Some trade and other names: 4-methyl-2, 5-dimethoxy-amethylphenethylamine; DOM; and STP;	
K. 3,4-methylenedioxy amphetamine	7400
L. 3,4-methylenedioxymethamphetamine (MDMA)	7405
M. 3,4-methylenedioxy-N-ethylamphetamine (also known as N-ethyl-alpha-methyl-3,4 (methylenedioxy) phenethylamine, N-ethyl MDA, MDE and MDEA)	7404
N. N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine and N-hydroxy MDA)	7402
O. 3,4,5-trimethoxy amphetamine	7390
P. Bufotenine	7433
Some trade and other names: 3-(b-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; map-pine;	
Q. Diethyltryptamine	7434

Some trade and other names: *N, N*-Diethyltryptamine; DET;
R. Dimethyltryptamine 7435

Some trade or other names: DMT;
S. Ibogaine 7260

Some trade and other names: 7-Ethyl-6,6b,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido [1',2':1,2] azepino [5,4-b] indole; *Tabernanthe iboga*;
T. Lysergic acid diethylamide 7315
U. Marihuana 7360

Some trade or other names: *marijuana*;
V. Mescaline 7381
W. Parahexyl 7374

Some trade or other names: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; *Synhexyl*;
X. Peyote 7415

Meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or extracts;
Y. N-ethyl-3-piperidyl benzilate 7482
Z. N-methyl-3-piperidyl benzilate 7484
AA. Psilocybin 7437
BB. Psilocyn 7438
CC. Tetrahydrocannabinols 7370

Synthetic equivalents of the substances contained in the plant or in the resinous extractives of *Cannabis, sp*, synthetic substances, derivatives and their isomers, or both, with similar chemical structure and pharmacological activity such as the following:

(I) *D 1 cis or trans tetrahydrocannabinol and their optical isomers*;

(II) *D 6 cis or trans tetrahydrocannabinol and their optical isomers*; and

(III) *D 3,4 cis or trans tetrahydrocannabinol and its optical isomers* (Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions are covered);

DD. Ethylamine analog of phencyclidine 7455

Some trade or other names: *N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)-ethylamine, cyclohexamine, PCE*;

EE. Pyrrolidine analog of phencyclidine 7458

Some trade or other names: *1(1-phenylcyclohexyl)-pyrrolidine PCPy, PHP*;

FF. Thiophene analog of phencyclidine 7470

Some trade or other names: *1-(1-(2-thienyl)-cyclohexyl)-piperidine, 2-thienyl analog of phencyclidine, TPCP, TCP*;

GG. Trifluoromethylphenylpiperazine or other name TFMP;

HH. 1-(1-(2-thienyl)cyclohexyl) pyrrolidine 7473

Some other names: *TCPy*.]

A. Alpha-ethyltryptamine 7249

Some trade or other names: *etryptamine; Monase; alpha-ethyl-1H-indole-3-ethanamine; 3-(2-aminobutyl)indole; alpha-ET; and AET*;

B. 4-bromo-2,5-dimethoxyamphetamine 7391

Some trade or other names: *4-bromo-2, 5-dimethoxy-amethylphenethylamine; 4-bromo-2, 5-DMA*;

C. 4-bromo-2,5-dimethoxyphenethylamine 7392

D. 2,5-dimethoxyamphetamine 7396

Some trade or other names: *2,5-dimethoxy-amethylphenethylamine; 2,5-DMA*;

E. 2,5-dimethoxy-4-ethylamphetamine 7399

Some trade or other names: *DOET*

F. 2,5-dimethoxy-4-(n)-propylthiophenethylamine (other name: 2C-T-7) 7348

G. 2-(2,5-Dimethoxy-4-(n)-propylphenyl) ethanamine (2C-P) 7524

H. 2-(2,5-Dimethoxy-4-ethylphenyl) ethanamine (2C-E) 7509

I. 2-(2,5-Dimethoxy-4-methylphenyl) ethanamine (2C-D) 7508

J. 2-(2,5-Dimethoxy-4-nitro-phenyl) ethanamine (2C-N) 7521

K. 2-(2,5-Dimethoxyphenyl) ethanamine (2C-H) 7517

L. 2-(4-Chloro-2,5-dimethoxyphenyl) ethanamine (2C-C) 7519

M. 2-(4-Ethylthio-2,5-dimethoxyphenyl) ethanamine (2C-T-2) 7385

N. 2-(4-Iodo-2,5-dimethoxyphenyl) ethanamine (2C-I) 7518

O. 2-(4-Isopropylthio)-2,5-dimethoxyphenyl) ethanamine (2C-T-4) 7532

P. 4-methoxyamphetamine 7411

Some trade or other names: *4-methoxy-amethylphenethylamine; paramethoxyamphetamine; PMA*;

Q. 5-methoxy-3,4-methylenedioxyamphetamine 7401

R. 4-methyl-2,5-dimethoxyamphetamine 7395

Some trade and other names: *4-methyl-2, 5-dimethoxy-amethylphenethylamine; DOM; and STP*;

S. 3,4-methylenedioxyamphetamine 7400

T. 3,4-methylenedioxymethamphetamine(MDMA) 7405

U. 3,4-methylenedioxy-N-ethylamphetamine (also known as N-ethylalpha-methyl-3,4 (methylenedioxy) phenethylamine, N-ethyl MDA,MDE and MDEA) 7404

V. N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine and N-hydroxy MDA) 7402

W. 3,4,5-trimethoxyamphetamine 7390

X. 5-MeO-DMT or 5-methoxy-N,N-dimethyltryptamine 7431

Y. Alpha-methyltryptamine 7432

Z. Bufotenine 7433

Some trade and other names: *3-(b-Dimethylaminoethyl)-5-hydroxy-indole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine;mappine*;

AA. Diethyltryptamine 7434

Some trade and other names: *N, N-Diethyltryptamine; DET*;

BB. Dimethyltryptamine

Some trade or other names: DMT;

CC. 5-methoxy-N,N-diisopropyltryptamine (other name: 5MeO-DIPT) 7439

DD. Ibogaine 7260

Some trade and other names: 7-Ethyl-6,6b,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido [1',2':1,2] azepino [5,4-b] indole; *Tabernanthe iboga*;

EE. Lysergic acid diethylamide 7315

FF. Marihuana 7360

Some trade or other names: *marijuana*;

GG. Mescaline 7381

HH. Parahexyl 7374

Some trade or other names: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; *Synhexyl*;

II. Peyote 7415

Meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or extracts;

JJ. N-ethyl-3-piperidyl benzilate 7482

KK. N-methyl-3-piperidyl benzilate 7484

LL. Psilocybin 7437

MM. Psilocyn 7438

NN. Tetrahydrocannabinols naturally contained in a plant of the genus *Cannabis* (cannabis 7370 plant), as well as synthetic equivalents of the substances contained in the cannabis plant or in the resinous extractives of such plant, and/or synthetic substances, derivatives and their isomers, or both, with similar chemical structure and pharmacological activity to those substances contained in the plant, such as the following:

(I) 1 cis or trans tetrahydrocannabinol and their optical isomers;

(II) 6 cis or trans tetrahydrocannabinol and their optical isomers;

(III) 3,4 cis or trans tetrahydrocannabinol and its optical isomers; and

(IV) Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions are covered.

OO. Ethylamine analog of phencyclidine 7455

Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)-ethylamine, cyclohexamine, PCE;

PP. Pyrrolidine analog of phencyclidine 7458

Some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine PCPy, PHP;

QQ. Thiophene analog of phencyclidine 7470

Some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine, 2-thienyl analog of phencyclidine, TPCP, TCP;

RR. 1-(1-(2-thienyl)cyclohexyl) pyrrolidine 7473

Some other names: TCPy.

SS. *Salvia divinorum*

TT. Salvinorin A

UU. Synthetic cannabinoids: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, or which contains their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(I) Any compound structurally derived from 3-(1-naphthoyl)indole or 1H-indol-3-yl-(1-naphthyl)methane by substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the naphthyl ring to any extent. Including, but not limited to:

- (a) AM2201, or 1-(5-fluoropentyl)-3-(1-naphthoyl)indole 7201
- (b) JWH-007, or 1-pentyl-2-methyl-3-(1-naphthoyl)indole
- (c) JWH-015, or 1-propyl-2-methyl-3-(1-naphthoyl)indole
- (d) JWH-018, or 1-pentyl-3-(1-naphthoyl)indole 7118
- (e) JWH-019, or 1-hexyl-3-(1-naphthoyl)indole 7019
- (f) JWH-073, or 1-butyl-3-(1-naphthoyl)indole 7173
- (g) JWH-081, or 1-pentyl-3-(4-methoxy-1-naphthoyl)indole 7081
- (h) JWH-098, or 1-pentyl-2-methyl-3-(4-methoxy-1-naphthoyl)indole
- (i) JWH-122, or 1-pentyl-3-(4-methyl-1-naphthoyl)indole 7122
- (j) JWH-164, or 1-pentyl-3-(7-methoxy-1-naphthoyl)indole
- (k) JWH-200, or 1-(2-(4-(morpholinyl)ethyl))-3-(1-naphthoyl)indole 7200

(l) JWH-210, or 1-pentyl-3-(4-ethyl-1-naphthoyl)indole

(m) JWH-398, or 1-pentyl-3-(4-chloro-1-naphthoyl)indole 7398;

(II) Any compound structurally derived from 3-(1-naphthoyl)pyrrole by substitution at the nitrogen atom of the pyrrole ring by alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the pyrrole ring to any extent, whether or not substituted in the naphthyl ring to any extent;

(III) Any compound structurally derived from 1-(1-naphthylmethyl)indene by substitution at the 3-position of the indene ring by alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indene ring to any extent, whether or not substituted in the naphthyl ring to any extent;

(IV) Any compound structurally derived from 3-phenylacetylindole by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Including, but not limited to:

- (a) JWH-201, or 1-pentyl-3-(4-methoxyphenylacetyl)indole
- (b) JWH-203, or 1-pentyl-3-(2-chlorophenylacetyl)indole 7203
- (c) JWH-250, or 1-pentyl-3-(2-methoxyphenylacetyl)indole 6250
- (d) JWH-251, or 1-pentyl-3-(2-methylphenylacetyl)indole
- (e) RCS-8, or 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole 7008;

(V) Any compound structurally derived from 2-(3-hydroxycyclohexyl)phenol by substitution at the 5-position of the phenolic ring by alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not substituted in the cyclohexyl ring to any extent. Including, but not limited to:

(a) CP 47, 497 & homologues, or 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol, where side chain n=5, and homologues where side chain n=4,6, or 7; 7297, 7298;

(VI) Any compound containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring by alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Including, but not limited to:

(a) AM-694, or 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole 7694

(b) RCS-4, or 1-pentyl-3-(4-methoxybenzoyl)indole (SR-19 and RCS-4) 7104;

(VII) CP 50,556-1, or [(6S,6aR,9R,10aR)-9-hydroxy-6-methyl-3-[(2R)-5-phenylpentan-2-yl]oxy-5,6,6a,7,8,9,10,10a-octahydrophenanthridin-1-yl] acetate;

(VIII) HU-210, or (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol;

(IX) HU-211, or Dexanabinol, (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol; and

(X) Dimethylheptylpyran, or DMHP.

4. Depressants. Unless specifically exempted or unless listed in another schedule, any material compound, mixture, or preparation

which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

A. Gamma-hydroxybutyric acid and other names GHB; gamma-hydroxybutyrate; 4-hydroxybutyrate; 4-hydroxybutonic acid; sodium oxybate; sodium oxybutyrate; 2010

B. Mecloqualone 2572

C. Methaqualone 2565

5. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

[A. Aminorex 1585

Some trade or other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; 4,5-dihydro-5-phenyl-2-oxazolamine;

B. Cathinone (Some trade or other names: 2-amino-1-phenyl-1-propanone, alphaaminopropiophenone, 2-aminopropiophenone and norephedrone) 1235

C. Fenethylamine 1503

D. Methcathinone 1585

Some trade or other names: 2-(methylamino)-propionophenone; alpha-(methylamino)propionophenone; 2-(methylamino)-1-phenylpropan-1-one; alpha-N-methylaminopropiophenone; monomethylpropion; ephedrone; N-methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and URI 432; its salts, optical isomers and salts of optical isomers;

E. (±)cis-4-methylaminorex ((±)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine) 1590

F. N-ethylamphetamine 1475

G. N,N-dimethylamphetamine 1480

(some other names: N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine), its salts, optical isomers and salts of optical isomers.

6. A temporary listing of substances subject to emergency scheduling under federal law shall include any material, compound, mixture or preparation which contains any quantity of the following substances:

A. N-(1-benzyl-4-piperidyl)-N-phenylpropanamide (benzylfentanyl), its optical isomers, salts and salts of isomers 9818

B. N-(1-(2-thienyl) methyl-4-piperidyl)-N-phenylpropanamide (thenylfentanyl), its optical isomers, salts and salts of isomers 9834/

A. Aminorex 1585

Some trade or other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; 4,5-dihydro-5-phenyl-2-oxazolamine;

B. N-benzylpiperazine (some other names: BZP, 1-benzylpiperazine) 7493

C. Cathinone (Some trade or other names: 2-amino-1-phenyl-1-propanone, alphaaminopropiophenone, 2-aminopropiophenone and norephedrone) 1235

D. Fenethylamine 1503

E. 3-Fluoromethcathinone 1233

F. 4-Fluoromethcathinone 1238

G. Mephedrone, or 4-methylmethcathinone 1248

H. Methcathinone 1237

Some trade or other names: 2-(methylamino)-propionophenone; alpha-(methylamino) propionophenone; 2-(methylamino)-1-phenylpropan-1-one; alpha-N-methylaminopropiophenone; monomethylpropion; ephedrone; N-methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and URI 432;

I. 4-methoxymethcathinone

J. Cis-4-methylaminorex (cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine) 1590

K. Methylenedioxypyrovalerone, MDPV, or (1-(1,3-Benzodioxol-5-yl)-2-(1-pyrrolidinyl)-1-pentanone 7535

L. Methylone, or 3,4-Methylenedioxymethcathinone 7540

M. 4-Methyl-alpha-pyrrolidinobutiophenone, or MPBP

N. N-ethylamphetamine 1475

O. N,N-dimethylamphetamine 1480

(some other names: N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine)

P. Quinolin-8-yl 1-pentyl-1H-indole-3-carboxylate (PB-22; QUPIC) 7222

Q. Quinolin-8-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate (5-fluoro-PB-22; 5F-PB-22) 7225

R. N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (AB-FUBINACA) 7012

S. N-(1-amino-3, 3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (ADB-PINACA) 7035

6. A temporary listing of substances subject to emergency scheduling under federal law shall include any material, compound, mixture, or preparation which contains any quantity of the following substances:

A. (1-pentyl-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: UR-144, 1-pentyl-3-(2,2,3,3-tetramethylcyclopropyl)indole) 7144

B. [1-(5-fluoro-pentyl)-1H-indol-3-yl](2,2,3,3-tetramethylcyclopropyl)methanone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 5-fluoro-UR-144, 5F-UR-144, XLR11, 1-(5-fluoro-pentyl)-3-(2,2,3,3-tetramethylcyclopropyl)indole) 7011

C. N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide, its optical, positional, and geometric isomers, salts, and salts of isomer (Other names: APINACA, AKB48) 7048

D. 2-(4-iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 25I-NBOMe; 2C-I-NBOMe; 25I; Cimbi-5) 7538

E. 2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 25C-NBOMe; 2C-C-NBOMe; 25C; Cimbi-82) 7537

F. 2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 25B-NBOMe; 2C-B-NBOMe; 25B; Cimbi-36) 7536

G. 4-methyl-N-ethylcathinone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 4-MEC; 2-(ethylamino)-1-(4-methylphenyl)propan-1-one) 1249

H. 4-methyl-alpha-pyrrolidinopropiophenone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: 4-MePPP; MePPP; 4-methyl-alpha-pyrrolidinopropiophenone; 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)propan-1-one) 7498

- I. *Alpha*-pyrrolidinopentiophenone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: *α*-PVP; *α*-pyrrolidinovalerophenone; 1-phenyl-2-(pyrrolidin-1-yl)pentan-1-one) 7545
- J. Butylone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: bk-MBDB; 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one) 7541
- K. Pentedrone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: *α*-methylaminovalerophenone; 2-(methylamino)-1-phenylpentan-1-one) 1246
- L. Pentylone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: bk-MBDB; 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one) 7542
- M. Naphyrone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: naphthylpyrovalerone; 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one) 1258
- N. *Alpha*-pyrrolidinobutiophenone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: *α*-PBP; 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one) 7546
- O. *N*-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: AB-CHMINACA) 7031
- P. *N*-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1*H*-indazole-3-carboxamide, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: AB-PINACA) 7023
- Q. [1-(5-fluoropentyl)-1*H*-indazol-3-yl](naphthalen-1-yl)methanone, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: THJ-2201) 7024
- R. *N*-(1-phenethylpiperidin-4-yl)-*N*-phenylbutyramide, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers (Other names: butyryl fentanyl) 9822
- S. *N*-[1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl]-*N*-phenylpropionamide, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers (Other names: beta-hydroxythiofentanyl) 9836
- T. *N*-(1-phenethylpiperidin-4-yl)-*N*-phenylacetamide, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: acetyl fentanyl) 9821
- U. *N*-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1*H*-indazole-3-carboxamide, its optical, positional, and geometric isomers, salts, and salts of isomers (Other names: MAB-CHMINACA; ADB-CHMINACA) 7032

7. Khat, to include all parts of the plant presently classified botanically as *catha edulis*, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seed or extracts.

(B) Schedule II shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Each drug or substance has been assigned the Controlled Substances Code Number set forth opposite it.

1. Substances, vegetable origin, or chemical synthesis. Unless

specifically excepted or unless listed in another schedule, Schedule II shall include any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis:

A. [*o*]/Opium and opiate; and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-[*devied*] derived butorphanol, dextrorphan, nalbuphine, nalmefene, naloxegol, naloxone, and naltrexone and their respective salts, but including the following:

[A.](I) Raw opium	9600
[B.](II) Opium extracts	9610
[C.](III) Opium fluid	9620
[D.](IV) Powdered opium	9639
[E.](V) Granulated opium	9640
[F.](VI) Tincture of opium	9630
[G.](VII) Codeine	9050
(VIII) Dihydroetorphine	9334
[H.](IX) Ethylmorphine	9190
[I.](X) Etorphine hydrochloride	9059
[J.](XI) Hydrocodone	9193
[K.](XII) Hydromorphone	9150
[L.](XIII) Metopon	9260
[M.](XIV) Morphine	9300
(XV) Oripavine	9330
[N.](XVI) Oxycodone	9143
[O.](XVII) Oxymorphone	9652
[P.](XVIII) Thebaine	9333

B. Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subparagraph (1)(B)1.A. of this rule shall be included in Schedule II, except that these substances shall not include the isoquinoline alkaloids of opium;

C. [*o*]/Opium poppy and poppy straw;

[*coca leaves*] [9040] 9650

D. *Coca leaves* (9040) and any salt, compound, derivative, or preparation of coca leaves (including cocaine (9041) and ecgonine (9180) and their salts, isomers, derivatives, and salts of isomers and derivatives), and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include:

(I) [*d*]/Decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine [9041] or ecgonine [9180 and]; or

(II) Ioflupane.

E. [*c*]/Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy) 9670

2. Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts and salts of isomers, esters and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

[A. <i>Alfentanil</i>	9737
B. <i>Alphaprodine</i>	9010
C. <i>Anileridine</i>	9020
D. <i>Bezitramide</i>	9800
E. <i>Bulk Dextropropoxyphene (Non-dosage Forms)</i>	9273
F. <i>Butylinitrite</i>	no designated number
G. <i>Carfentanil</i>	9743
H. <i>Dihydrocodeine</i>	9120
I. <i>Diphenoxylate</i>	9170
J. <i>Fentanyl</i>	9801
K. <i>Isomethadone</i>	9226
L. <i>Levo-alphaacetylmetadol</i>	9220

<i>Some other names: levo-alphaacetylmethadol, levomethadyl acetate, LAAM</i>	
<i>M. Levomethorphan</i>	9648
<i>N. Levorphanol</i>	9210
<i>O. Metazocine</i>	9220
<i>P. Methadone</i>	9240
<i>Q. Methadone-Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane</i>	9250
<i>R. Moramide-Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid</i>	9254
<i>S. Pethidine (Meperidine)</i>	9802
<i>T. Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine</i>	9230
<i>U. Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate</i>	9232
<i>V. Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid</i>	9233
<i>W. Phenazocine</i>	9234
<i>X. Piminodine</i>	9715
<i>Y. Racemethorphan</i>	9730
<i>Z. Racemorphan</i>	9732
<i>AA. Remifentanil</i>	9733
<i>BB. Sufentanil</i>	9739
<i>A. Alfentanil</i>	9740
<i>B. Alphaprodine</i>	9737
<i>C. Anileridine</i>	9010
<i>D. Bezitramide</i>	9020
<i>E. Bulk Dextropropoxyphene (Non-dosage Forms)</i>	9800
<i>F. Carfentanil</i>	9273
<i>G. Dihydrocodeine</i>	9743
<i>H. Diphenoxylate</i>	9120
<i>I. Fentanyl</i>	9170
<i>J. Isomethadone</i>	9801
<i>K. Levo-alphaacetylmethadol</i>	9226
<i>Some other names: levo-alphaacetylmethadol, levomethadyl acetate, LAAM</i>	9220
<i>L. Levomethorphan</i>	9648
<i>M. Levorphanol</i>	9210
<i>N. Metazocine</i>	9220
<i>O. Methadone</i>	9240
<i>P. Methadone-Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane</i>	9250
<i>Q. Moramide-Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid</i>	9254
<i>R. Pethidine (Meperidine)</i>	9802
<i>S. Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine</i>	9230
<i>T. Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate</i>	9232
<i>U. Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid</i>	9233
<i>V. Phenazocine</i>	9234
<i>W. Piminodine</i>	9715
<i>X. Racemethorphan</i>	9730
<i>Y. Racemorphan</i>	9732
<i>Z. Remifentanil</i>	9733
<i>AA. Sufentanil</i>	9739
<i>BB. Tapentadol</i>	9740
<i>CC. Thiafentanil</i>	9780

3. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:
- A. Amphetamine, its salts, optical isomers, and salts of its optical isomers 1100
 - B. Lisdexamphetamine, its salts, isomers, and salts of its isomers 1205

- /B./C. Methamphetamine, its salts, isomers, and salts of its isomers 1105
 - /C./D. Phenmetrazine and its salts 1631
 - /D./E. Methylphenidate 1724
4. Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
- A. Amobarbital 2125
 - B. Glutethimide 2550
 - C. Pentobarbital 2270
 - D. Phencyclidine 7471
 - E. Secobarbital 2315
5. Hallucinogenic substances:
- A. Nabilone 7379
- Another name for nabilone: (±)trans-3-(1, 1-dimethylheptyl)-6, 6a,7,8,10,10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo(b,d)pyran-9-one.
6. Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:
- A. Immediate precursor to amphetamine and methamphetamine:
 - (I) Phenylacetone 8501
- Some trade or other names: phenyl-2- propanone; P2P; benzyl methyl ketone; methyl benzyl ketone;
- B. Immediate precursors to phencyclidine (PCP):
 - (I) 1-phenylcyclohexylamine 7460
 - (II) 1-piperidinocyclohexanecarbonitrile (PCC) 8603
 - C. Immediate precursor to fentanyl:
 - (I) 4-anilino-N-phenethyl-4-piperidine (ANPP) 8333
7. Any material, compound, mixture, or preparation which contains any quantity of the following alkyl nitrites:
- A. Amyl nitrite
 - B. Butyl nitrite.
- (C) Schedule III shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.
1. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
- A. Those compounds, mixtures or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under section 308.32 and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances 1405
 - B. Benzphetamine 1228
 - C. Chlorphentermine 1645
 - D. Clortermine 1647
 - E. Phendimetrazine 1615
2. Depressants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:
- A. Any compound, mixture or preparation containing:
 - (I) Amobarbital 2126
 - (II) Secobarbital 2316

(III) Pentobarbital 2271
or any salt thereof and one (1) or more other active medicinal ingredients which are not listed in any schedule;

B. Any suppository dosage form containing:

- (I) Amobarbital 2126
- (II) Secobarbital 2316
- (III) Pentobarbital 2271

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

C. Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof 2100

D. Chlorhexadol 2510

E. Embutramide 2020

[E./F. Any drug product containing gamma *[hydroxybutric]/hydroxybutyric* acid, including its salts, isomers, and salts of isomer, for which an application is approved under section 505 of the Federal Food, Drug, and Cosmetic Act; 2012

[F./G. Ketamine, its salts, isomer, and salts of isomers (some other names for ketamine: (±)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone) 7285

[G./H. Lysergic acid 7300

[H./I. Lysergic acid amide 7310

[I./J. Methypylon 2575

K. Perampanel, and its salts, isomers, and salts of isomers 2261

[J./L. Sulfondiethylmethane 2600

[K./M. Sulfonethylmethane 2605

[L./N. Sulfonmethane 2610

[M./O. Tiletamine and zolazepam or any salt thereof 7295

Some trade or other names for a tiletaminezolazepam combination product: Telazol.

Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone.

Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-(3,4-e) (1,4)-diazepin-7(1H)-one, flupyrzapon.

3. Nalorphine 9400

4. Narcotics drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof:

A. Not more than 1.8 grams of codeine per one hundred milliliters (100 m//L) or not more than ninety milligrams (90 mg) per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium 9803

B. Not more than 1.8 grams of codeine per one hundred milliliters (100 m//L) or not more than ninety milligrams (90 mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9804

[C. Not more than three hundred milligrams (300 mg) of hydrocodone per one hundred milliliters (100 ml) or not more than fifteen milligrams (15 mg) per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium 9805

D. Not more than three hundred milligrams (300 mg) of hydrocodone per one hundred milliliters (100 ml) or not more than fifteen milligrams (15 mg) per dosage unit, with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts 9806]

[E./C. Not more than 1.8 grams of dihydrocodeine per one hundred milliliters (100 m//L) or not more than ninety milligrams (90mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9807

[F./D. Not more than three hundred milligrams (300 mg) of ethylmorphine per one hundred milliliters (100 m//L) or not more than fifteen milligrams (15 mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9808

[G./E. Not more than five hundred milligrams (500 mg) of opium per one hundred milliliters (100 m//L) or per one hundred grams (100 g) or not more than twenty-five milligrams (25 mg) per dosage unit, with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts 9809

[H./F. Not more than fifty milligrams (50 mg) of morphine per one hundred milliliters (100 m//L) or per one hundred grams (100 g), with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9810

5. Any material, compound, mixture, or preparation containing any of the following narcotic drugs or their salts, as set forth below:

A. Buprenorphine 9064

[5./6. Anabolic steroids. Unless specially excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts of isomers is possible within the specific chemical designation. DEA has assigned code 4000 for all anabolic steroids. **Anabolic steroids. Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone) that promotes muscle growth, except an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the Secretary of Health and Human Services for that administration. If any person prescribes, dispenses, or distributes such steroid for human use, such person shall be considered to have prescribed, dispensed, or distributed an anabolic steroid within the meaning of this subdivision. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any quantity of the following substances, including its salts, esters, and ethers:**

[A. Boldenone

B. Chlorotestosterone (4-Chlortestosterone)

C. Clostebol

D. Dehydrochlormethyltestosterone

E. Dihydrotestosterone (4-Dihydrotestosterone)

F. Drostanolone

G. Ethylestrenol

H. Fluoxymesterone

I. Formebolone (Formebolone)

J. Mesterolone

K. Methandienone

L. Methandranone

M. Methandriol

N. Methandrostenolone

O. Methenolone

P. Methyltestosterone

Q. Mibolerone

R. Nandrolone

S. Norethandrolone

T. Oxandrolone

U. Oxymesterone

V. Oxymetholone

W. Stanolone

X. Stanozolol

Y. Testolactone

Z. Testosterone

AA. Trenbolone

BB. Any salt, ester, or isomer of a drug or substance described or listed in this subparagraph, if that salt, ester or isomer promotes muscle growth except an anabolic steroid

which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of Health and Human Services for that administration.]

- A. 3 β ,17 β -dihydroxy-5 α -androstane
- B. 3 α ,17 β -dihydroxy-5 α -androstane
- C. 5 α -androstan-3,17-dione
- D. 1-androstenediol (3 β ,17 β -dihydroxy-5 α -androst-1-ene)
- E. 1-androstenediol (3 α ,17 β -dihydroxy-5 α -androst-1-ene)
- F. 4-androstenediol (3 β ,17 β -dihydroxy-androst-4-ene)
- G. 5-androstenediol (3 β ,17 β -dihydroxy-androst-5-ene)
- H. 1-androstenedione ([5 α]-androst-1-en-3,17-dione)
- I. 4-androstenedione (androst-4-en-3,17-dione)
- J. 5-androstenedione (androst-5-en-3,17-dione)
- K. Bolasterone (7 α ,17 α -dimethyl-17 β -hydroxyandrost-4-en-3-one)
- L. Boldenone (17 β -hydroxyandrost-1,4,-diene-3-one)
- M. Boldione (androstra-1,4-diene-3,17-dione)
- N. Calusterone (7 β ,17 α -dimethyl-17 β -hydroxyandrost-4-en-3-one)
- O. Clostebol (4-chloro-17 β -hydroxyandrost-4-en-3-one)
- P. Dehydrochloromethyltestosterone (4-chloro-17 β -hydroxy-17 α -methyl-androst-1,4-dien-3-one)
- Q. Desoxymethyltestosterone (17 α -methyl-5 α -androst-2-en-17 β -ol) (a.k.a. madol)
- R. Dihydrotestosterone (4-Dihydrotestosterone) (s) 4-dihydrotestosterone (17 β -hydroxy-androstan-3-one)
- S. Drostanolone (17 β -hydroxy-2 α -methyl-5 α -androstan-3-one)
- T. Ethylestrenol (17 α -ethyl-17 β -hydroxyestr-4-ene)
- U. Fluoxymesterone (9-fluoro-17 α -methyl-11 β ,17 β -dihydroxyandrost-4-en-3-one)
- V. Formebolone (Formebolone) (2-formyl-17 α -methyl-11 α ,17 β -dihydroxyandrost-1,4-dien-3-one)
- W. Furazabol (17 α -methyl-17 β -hydroxyandrostano[2,3-c]-furan)
- X. 13 β -ethyl-17 β -hydroxygon-4-en-3-one
- Y. 4-hydroxytestosterone (4,17 β -dihydroxy-androst-4-en-3-one)
- Z. 4-hydroxy-19-nortestosterone (4,17 β -dihydroxy-estr-4-en-3-one)
- AA. Mestanolone (17 α -methyl-17 β -hydroxy-5 α -androstan-3-one)
- BB. Mesterolone (1 α -methyl-17 β -hydroxy-[5 α]-androstan-3-one)
- CC. Methandienone (17 α -methyl-17 β -hydroxyandrost-1,4-dien-3-one)
- DD. Methandriol (17 α -methyl-3 β ,17 β -dihydroxyandrost-5-ene)
- EE. Methasterone (2 α ,17 α -dimethyl-5 α -androstan-17 β -ol-3-one)
- FF. Methenolone (1-methyl-17 β -hydroxy-5 α -androst-1-en-3-one)
- GG. 17 α -methyl-3 β ,17 β -dihydroxy-5 α -androstane)
- HH. 17 α -methyl-3 α ,17 β -dihydroxy-5 α -androstane)
- II. 17 α -methyl-3 β ,17 β -dihydroxyandrost-4-ene
- JJ. 17 α -methyl-4-hydroxynandrolone (17 α -methyl-4-hydroxy-17 β -hydroxyestr-4-en-3-one)
- KK. Methylidenolone (17 α -methyl-17 β -hydroxyestra-4,9(10)-dien-3-one)
- LL. Methyltrienolone (17 α -methyl-17 β -hydroxyestra-4,9,11-trien-3-one)
- MM. Methyltestosterone (17 α -methyl-17 β -hydroxyandrost-4-en-3-one)
- NN. Mibolerone (7 α ,17 α -dimethyl-17 β -hydroxyestr-4-en-3-one)
- OO. 17 α -methyl- Δ 1-dihydrotestosterone (17 β -hydroxy-17 α -methyl-5 α -androst-1-en-3-one) (a.k.a. 17- α -methyl-1-testosterone)

terone)

- PP. Nandrolone (17 β -hydroxyestr-4-ene-3-one)
 - QQ. 19-nor-4-androstenediol (3 β ,17 β -dihydroxyestr-4-ene)
 - RR. 19-nor-4-androstenediol (3 α ,17 β -dihydroxyestr-4-ene)
 - SS. 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione)
 - TT. 19-nor-5-androstenediol (3 β ,17 β -dihydroxyestr-5-ene)
 - UU. 19-nor-5-androstenediol (3 α ,17 β -dihydroxyestr-5-ene)
 - VV. 19-nor-4-androstenedione (estr-4-en-3,17-dione)
 - WW. 19-nor-5-androstenedione (estr-5-en-3,17-dione)
 - XX. Norbolethone (13 β ,17 α -diethyl-17 β -hydroxygon-4-en-3-one)
 - YY. Norclostebol (4-chloro-17 β -hydroxyestr-4-en-3-one)
 - ZZ. Norethandrolone (17 α -ethyl-17 β -hydroxyestr-4-en-3-one)
 - AAA. Normethandrolone (17 α -methyl-17 β -hydroxyestr-4-en-3-one)
 - BBB. Oxandrolone (17 α -methyl-17 β -hydroxy-2-oxa-[5 α]-androstan-3-one)
 - CCC. Oxymesterone (17 α -methyl-4,17 β -dihydroxyandrost-4-en-3-one)
 - DDD. Oxymetholone (17 α -methyl-2-hydroxymethylene-17 β -hydroxy-[5 α]-androstan-3-one)
 - EEE. Prostanazol (17 β -hydroxy-5 α -androstan-3-one)
 - FFF. Stanolone (Δ 1-dihydrotestosterone (a.k.a. 1-testosterone) (17 β -hydroxy-5 α -androst-1-en-3-one))
 - GGG. Stanozolol (17 α -methyl-17 β -hydroxy-[5 α]-androst-2-eno[3,2-c]-pyrazole)
 - HHH. Stenbolone (17 β -hydroxy-2-methyl-[5 α]-androst-1-en-3-one)
 - III. Testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone)
 - JJJ. Testosterone (17 β -hydroxyandrost-4-en-3-one);
 - KKK. Tetrahydrogestrinone (13 β ,17 α -diethyl-17 β -hydroxygon-4,9, 11-trien-3-one)
 - LLL. Trenbolone (17 β -hydroxyestr-4,9,11-trien-3-one)
 - MMM. Any salt, ester, or isomer of a drug or substance described or listed in this subparagraph, if that salt, ester, or isomer promotes muscle growth except an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of Health and Human Services for that administration.
6. Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product 7369
(Some other names for dronabinol: (6aRtrans)- 6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo (b,d) pyran-1-ol, or (-) -delta-9-(trans)-tetrahydrocannabinol.)
- (D) Schedule IV shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.
1. Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof:
- A. Not more than one milligram (1mg) of difenoxin (DEA Drug Code No. [9618] 9168) and not less than twenty-five micrograms (25 mcg) of atropine sulfate per dosage unit;/ 9167
 - B. Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane) 9278

C. 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexanol, its salts, optical and geometric isomers, and salts of these isomers (including tramadol) 9752

[C./D. Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs or salts thereof, which shall include one (1) or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(I) Not more than two hundred milligrams (200 mg) of codeine per one hundred milliliters (100 ml) or per one hundred grams (100 g);

(II) Not more than one hundred milligrams (100 mg) of dihydrocodeine per one hundred milliliters (100 ml) or per one hundred grams (100 g); or

(III) Not more than one hundred milligrams (100 mg) of ethylmorphine per one hundred milliliters (100 ml) or per one hundred grams (100 g).

2. Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

IA. Alprazolam	2882
B. Barbitol	2145
C. Bromazepam	2748
D. Camazepam	2749
E. Chloral betaine	2460
F. Chloral hydrate	2465
G. Chlordiazepoxide	2744
H. Clobazam	2751
I. Clonazepam	2737
J. Clorazepate	2768
K. Clotiazepam	2752
L. Cloxazolam	2753
M. Delorazepam	2754
N. Diazepam	2765
O. Dichloralphenazone	2467
P. Estazolam	2756
Q. Ethchlorvynol	2540
R. Ethinamate	2545
S. Ethyl loflazepate	2758
T. Fludiazepam	2759
U. Flunitrazepam	2763
V. Flurazepam	2767
W. Halazepam	2762
X. Haloxazolam	2771
Y. Ketazolam	2772
Z. Loprazolam	2773
AA. Lorazepam	2885
BB. Lormetazepam	2774
CC. Mebutamate	2800
DD. Medazepam	2836
EE. Meprobamate	2820
FF. Methohexital	2264
GG. Methylphenobarbital (Mephobarbital)	2250
HH. Midazolam	2884
II. Nimetazepam	2837
JJ. Nitrazepam	2834
KK. Nordiazepam	2838
LL. Oxazepam	2835
MM. Oxazolam	2839
NN. Paraldehyde	2585
OO. Petrichloral	2591
PP. Phenobarbital	2285
QQ. Pinazepam	2883

RR. Prazepam	2764
SS. Quazepam	2881
TT. Temazepam	2925
UU. Tetrazepam	2886
VV. Triazolam	2887
WW. Zaleplon	2781
XX. Zolpidem	2783
A. Alfaxalone	2731
B. Alprazolam	2882
C. Barbitol	2145
D. Bromazepam	2748
E. Camazepam	2749
F. Carisoprodol	8192
G. Chloral betaine	2460
H. Chloral hydrate	2465
I. Chlordiazepoxide	2744
J. Clobazam	2751
K. Clonazepam	2737
L. Clorazepate	2768
M. Clotiazepam	2752
N. Cloxazolam	2753
O. Delorazepam	2754
P. Diazepam	2765
Q. Dichloralphenazone	2467
R. Estazolam	2756
S. Ethchlorvynol	2540
T. Ethinamate	2545
U. Ethyl loflazepate	2758
V. Fludiazepam	2759
W. Flunitrazepam	2763
X. Flurazepam	2767
Y. Fospropofol	2138
Z. Halazepam	2762
AA. Haloxazolam	2771
BB. Ketazolam	2772
CC. Loprazolam	2773
DD. Lorazepam	2885
EE. Lormetazepam	2774
FF. Mebutamate	2800
GG. Medazepam	2836
HH. Meprobamate	2820
II. Methohexital	2264
JJ. Methylphenobarbital (Mephobarbital)	2250
KK. Midazolam	2884
LL. Nimetazepam	2837
MM. Nitrazepam	2834
NN. Nordiazepam	2838
OO. Oxazepam	2835
PP. Oxazolam	2839
QQ. Paraldehyde	2585
RR. Petrichloral	2591
SS. Phenobarbital	2285
TT. Pinazepam	2883
UU. Prazepam	2764
VV. Quazepam	2881
WW. Suvorexant	2223
XX. Temazepam	2925
YY. Tetrazepam	2886
ZZ. Triazolam	2887
AAA. Zaleplon	2781
BBB. Zolpidem	2783
CCC. Zopiclone	2784

3. Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible:

A. Fenfluramine	1670
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4. Lorcaserin. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible:

A. Lorcaserin 1625

[4.]5. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

- A. Cathine ((+)-norpseudoephedrine) 1230
- B. Diethylpropion 1610
- C. Fencamfamin [1780]1760
- D. Fenproporex 1575
- E. Mazindol 1605
- F. Mefenorex 1580
- G. Modafinil 1680
- H. Pemoline (including organometallic complexes and chelates thereof) 1530
- I. Phentermine 1640
- J. Pipradrol 1750
- K. Sibutramine 1675
- L. SPA (-)-1-dimethylamino-1,2-diphenylethane 1635

[5.]6. Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

- A. Pentazocine 9709
- B. Butorphanol (including its optical isomers) 9720
- C. **Eluxadoline** (5-[[[(2S)-2-amino-3-[4-aminocarbonyl]-2,6-dimethylphenyl]-1-oxopropyl] [(1S)-1-(4-phenyl-1 H-imidazol-2-yl)ethyl]amino]methyl]-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers 9725

[6.]7. Ephedrine. Any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system including their salts, isomers, and salts of isomers:

A. Ephedrine or its salts, optical isomers, or salts of optical isomers as the only active medicinal ingredient or contains ephedrine or its salts, optical isomers, or salts of optical isomers and therapeutically insignificant quantities of another active medicinal ingredient.

(E) Schedule V shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this subsection.

[1. Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs and their salts:

A. Buprenorphine 9064]

[2.]1. Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as follows, which shall include one (1) or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

A. Not more than two hundred milligrams (200 mg) of codeine per one hundred milliliters (100 mL) or per one hundred grams (100 g);

B. Not more than one hundred milligrams (100 mg) of dihydrocodeine per one hundred milliliters (100 mL) or per one hundred grams (100 g);

C. Not more than one hundred milligrams (100 mg) of ethylmorphine per one hundred milliliters (100 mL) or per one hundred grams (100 g).

[A.]D. Not more than two and five-tenths milligrams (2.5 mg) of diphenoxylate and not less than twenty-five micrograms (25 mcg) of atropine sulfate per dosage unit.

[B.]E. Not more than one hundred milligrams (100 mg) of opium per one hundred milliliters (100 mL) or per one hundred grams (100 g).

[C.]F. Not more than five-tenths milligram (0.5 mg) of difenoxin (DEA Drug Code No. [9618/ 9168]) and not less than twenty-five micrograms (25 mcg) of atropine sulfate per dosage unit.

[3.]2. Stimulants. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system including its salts, isomers, and salts of isomers:

A. Pyrovalerone 1485

3. Any compound, mixture, or preparation containing any detectable quantity of pseudoephedrine or its salts or optical isomers, or salts of optical isomers or any compound, mixture, or preparation containing any detectable quantity of ephedrine or its salts or optical isomers, or salts of optical isomers if the drug preparations are starch-based solid dose forms, if such preparations are sold over the counter without a prescription. The following drug preparations containing ephedrine and pseudoephedrine are not scheduled controlled substances:

A. Drug preparations in liquid form;

B. Drug preparations that require a prescription in order to be dispensed;

4. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts:

- A. **Ezogabine** [N-[2-amino-4(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester] 2779
- B. **Lacosamide** [(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide] 2746
- C. **Pregabalin** [(S)-3-(aminomethyl)-5-methylhexanoic acid] 2782
- D. **Brivaracetam** ((2S)-2-[(4R)-2-oxo-4-propylpyrrolidin-1-yl]butanamide) (also referred to as BRV; UCB-34714; Briviact) 2710

(2) Excluded Nonnarcotic Substances. The following nonnarcotic substances which, under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301) and section 201(g)(1) of the federal Controlled Substances Act (21 U.S.C. 811(g)(1)), may be lawfully sold over the counter without a prescription, are excluded from all schedules pursuant to section 195.015(5), RSMo.

Excluded Nonnarcotic Products

Company	Trade Name	NDC Code	Form	Controlled Substance	mg or mg/m//L
Bioline Laboratories	Theophed	00719-1945	TB	Phenobarbital	8.00
Aphena Pharma Solutions—New York, LLC	Nasal decongestant/ inhaler/vapor			Levomethamphetamine (l-desoxyephedrine)	50.00
Goldline Laboratories	Guiaphed Elixir	00182-1377	EL	Phenobarbital	4.00
Goldline Laboratories	Tedrigen Tablets	00182-0134	TB	Phenobarbital	8.00
Hawthorne Products, Inc.	Choate's Leg Freeze		LQ	Chloral hydrate	246.67
Parke-Davis & Co.	Tedral	00071-0230	TB	Phenobarbital	8.00
Parke-Davis & Co.	Tedral Elixir	00071-0242	EX	Phenobarbital	40.00
Parke-Davis & Co.	Tedral S.A.	00071-0231	TB	Phenobarbital	8.00
Parke-Davis & Co.	Tedral Suspension	00071-0237	SU	Phenobarbital	80.00
Parmed Pharmacy	Asma-Ese	00349-2018	TB	Phenobarbital	8.10
Rondex Labs	Azma-Aids	00367-3153	TB	Phenobarbital	8.00
Smith Kline Consumer	Benzedrex	49692-0928	IN	Propylhexedrine	250.00
Sterling Drug, Inc.	Bronkolixir	00057-1004	EL	Phenobarbital	0.80
Sterling Drug, Inc.	Bronkotabs	00057-1005	TB	Phenobarbital	8.00
Vicks Chemical Co.	Vicks Inhaler	23900-0010	IN	l-Desoxyephedrine	113.00
White Hall Labs	Primatene (P-tablets)	00573-2940	TB	Phenobarbital	8.00

AUTHORITY: sections 195.015 and 195.195, RSMo 2000. Material found in this rule previously filed as 19 CSR 30-1.010. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003, effective July 30, 2003. Amended: Filed Sept. 30, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, Michael Boeger, Administrator, PO Box 570, Jefferson City, MO 65102-6500. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 400—Life, Annuities and Health Chapter 5—Advertising and Material Disclosures

PROPOSED AMENDMENT

20 CSR 400-5.100 Advertisements of Life Insurance [Advertising] and Annuities. The director is amending the rule name, purpose, and sections (1)–(8), and deleting section (9).

PURPOSE: This amendment will make this rule consistent with the 2015 version of the National Association of Insurance Commissioners (NAIC) *Advertisements of Life Insurance and Annuities Model Regulation #570*.

PURPOSE: [These rules] The purpose of this rule is to set forth minimum standards and guidelines to assure a full and truthful disclosure to the public of material and relevant information in the

advertising of life insurance policies and annuity contracts [and to specify the criteria by which the Missouri Department of Insurance will evaluate life insurance advertising]. This rule was adopted pursuant to the provisions of section 374.045, RSMo and [to implement] effectuates and aids in the interpretation of sections 375.934 and 375.936, RSMo.

(1) Definitions [for the Purpose of These Rules]. For the purpose of this rule—

(A) “Advertisement” [shall be] means material designed to create public interest in life insurance or annuities or in an insurer or to induce the public to purchase, increase, modify, reinstate, or retain a policy including:

1. Printed and published material, audio-visual material, and descriptive literature of an insurer used in direct mail, newspapers, magazines, radio and television scripts, **telemarketing scripts**, billboards and similar displays, **and the Internet or any other mass communication media**;

2. Descriptive literature and sales aids of all kinds [issued] authored by [an] the insurer, [or] its insurance producers, or third parties, issued, distributed, or used by the insurer or insurance producer; including, but not limited to, circulars, leaflets, booklets, depictions, illustrations, and form letters;

3. Material used for the recruitment, training, and education of an insurer's [sales personnel, and] insurance producers which is designed to be used or is used to induce the public to purchase, increase, modify, reinstate, **borrow on, replace**, or retain a policy; [and]

4. Prepared sales talks, presentations, and materials for use by [sales personnel and] insurance producers[.];

(B) “Advertisement” for the purpose of [these rules] this rule shall not include:—

1. Communications or materials used within an insurer's own organization and not intended for dissemination to the public;

2. Communications with policyholders other than material urging policyholders to purchase, increase, modify, reinstate, **borrow on, replace**, or retain a policy; and

3. A general announcement from a group or blanket policyholder to eligible individuals on an employment or membership list that a policy or program has been written or arranged; provided the announcement clearly indicates that it is preliminary to the issuance

or a booklet explaining the proposed coverage[.];

(C) “**Determinable elements**” means elements that are derived from processes or methods that are guaranteed at issue and not subject to company discretion, but where the values or amounts cannot be determined until some point after issue. These elements include the premiums, credited interest rates (including any bonus), benefits, values, non-interest based credits, charges, or elements of formulas used to determine any of these. These elements may be described as guaranteed but not determined at issue. An element is considered determinable if it was calculated from underlying determinable elements only, or from both determinable and guaranteed elements;

(D) “**Guaranteed elements**” means the premiums, benefits, values, credits or charges under a policy, or elements of formulas used to determine any of these that are guaranteed and determined at issue;

(E) “**Insurance producer**” means a person required to be licensed under the laws of this state to sell, solicit, or negotiate insurance;

[(C)](F) “**Insurer**” [shall include] means any individual, corporation, association, partnership, reciprocal exchange, inter-insurer, Lloyd’s, fraternal benefit society, and any other legal entity which is defined as an “insurer” in the insurance code of this state or issues life insurance or annuities in this state and is engaged in the advertisement of a policy[.];

(G) “**Nonguaranteed elements**” means the premiums, credited interest rates (including any bonus), benefits, values, non-interest based credits, charges, or elements of formulas used to determine any of these, that are subject to company discretion and are not guaranteed at issue. An element is considered nonguaranteed if any underlying nonguaranteed elements are used in its calculation;

[(D)](H) “**Policy**” [shall include] means any policy, plan, certificate, including a fraternal benefit certificate, contract, agreement, statement of coverage, rider, or endorsement which provides for life insurance or annuity benefits[.];

(I) “**Preneed funeral contract or prearrangement**” means an arrangement by or for an individual before the individual’s death relating to the purchase or provision of specific funeral or cemetery merchandise or services;

(J) “**Registered product**” means an annuity contract or life insurance policy subject to the prospectus delivery requirements of the Securities Act of 1933.

(2) Applicability.

(A) [These rules] This rule shall apply to any life insurance or annuity advertisement intended for dissemination in this state. In variable contracts and other registered products where disclosure requirements are established pursuant to federal regulation, this rule shall be interpreted so as to eliminate conflict with federal regulation.

(B) All advertisements, regardless of by whom written, created, designed, or presented, shall be the responsibility of the insurer, as well as the producer who created or presented the advertisement. [Every insurer] Insurers shall establish and at all times maintain a system of control over the content, form, and method of dissemination of all advertisements of its policies. [All these advertisements, regardless of by whom written, created, designed or presented shall be the responsibility of the insurer.] A system of control shall include regular and routine notification, at least once a year, to agents, brokers, and others authorized by the insurer to disseminate advertisements of the requirement and procedures for company approval prior to the use of any advertisements that is not furnished by the insurer and that clearly sets forth within the notice the most serious consequence of not obtaining the required prior approval.

(3) Form and Content of Advertisements.

(A) Advertisements shall be truthful and not misleading in fact or by implication. The form and content of an advertisement of a policy

shall be sufficiently complete and clear so as to avoid deception. It shall not have the capacity or tendency to mislead or deceive. Whether an advertisement has the capacity or tendency to mislead or deceive as used in this rule shall be determined by the director [of insurance] from the overall impression that the advertisement may be reasonably [may be] expected to create upon a person of average education or intelligence within the segment of the public to which it is directed.

(B) No advertisement shall use the terms “investment,” “investment plan,” “founder’s plan,” “charter plan,” “deposit,” “expansion plan,” “profit,” “profits,” “profit sharing,” “interest plan,” “savings,” “savings plan,” “private pension plan,” “retirement plan,” or other similar terms in connection with a policy in a context or under such circumstances or conditions as to have the capacity or tendency to mislead a purchaser or prospective purchaser of [the] such policy to believe that s/he will receive, or that it is possible that s/he will receive, something other than a policy or some benefit not available to other persons of the same class and equal expectation of life.

(4) Disclosure Requirements.

(A) The information required to be disclosed by [these rules] this rule shall not be minimized, [obscured] rendered obscure, or presented in an ambiguous fashion or intermingled with the text of the advertisement so as to be confusing or misleading.

(B) No advertisement shall omit material information or use words, phrases, statements, references, or illustrations if this omission or the use has the capacity, tendency, or effect of misleading or deceiving purchasers or prospective purchasers as to the nature or extent of any policy benefit payable, loss covered, premium payable, or state or federal tax consequences. The fact that the policy offered is made available to a prospective insured for inspection prior to consummation of the sale, or an offer is made to refund the premium if the purchaser is not satisfied or that the policy or contract includes a “free look” period that satisfies or exceeds regulatory requirements, does not [correct or] remedy misleading statements.

(C) In the event an advertisement uses “non-medical,” “no medical examination required,” or similar terms where issue is not guaranteed, [those] terms shall be accompanied by a further disclosure of equal prominence and in juxtaposition thereto to the effect that issuance of the policy may depend upon the answers to the health questions set forth in the application.

(D) An advertisement shall not use as the name or title of a life insurance policy any phrase [which] that does not include the words “life insurance” unless accompanied by other language clearly indicating it is life insurance. An advertisement shall not use as the name or title of an annuity contract any phrase that does not include the word “annuity” unless accompanied by other language clearly indicating it is an annuity. An annuity advertisement shall not refer to an annuity as a CD annuity, or deceptively compare an annuity to a certificate of deposit.

(F) An advertisement of an insurance policy marketed by [the] direct response techniques shall not state or imply that because there is no insurance producer or commission involved there will be a cost saving to prospective purchasers unless that is the fact. No cost savings may be stated or implied without justification satisfactory to the director [of insurance] prior to use.

(G) An advertisement for a life insurance policy containing graded or modified benefits shall prominently display any limitation of benefits. If the premium is level and coverage decreases or increases with age or duration, that fact shall be prominently disclosed. An advertisement of or for a life insurance policy under which the death benefit varies with the length of time the policy has been in force shall accurately describe and clearly call attention to the amount of minimum death benefit under the policy.

(H) An advertisement for the types of policies described in subsections (4)(F) and (4)(G) of this rule shall not use the words “inexpensive,” “low cost,” or other phrase or words of similar import when the policies being marketed are guaranteed issue.

(I) Premiums.

[(H)]1. An advertisement for a policy with non-level premiums

shall prominently describe the premium changes.

2. An advertisement in which the insurer describes a policy where it reserves the right to change the amount of premium during the policy term, but which does not prominently describe this feature, is deceptive and misleading and is prohibited.

3. An advertisement shall not contain a statement or representation that premiums paid for a life insurance policy can be withdrawn under the terms of the policy. Reference may be made to amounts paid into an advance premium fund, which are intended to pay premiums at a future time, to the effect that they may be withdrawn under the conditions of the prepayment agreement. Reference may also be made to withdrawal rights under any unconditional premium refund offer.

4. An advertisement that represents that a pure endowment benefit has a “profit” or “return” on the premium paid, rather than a policy benefit for which a specified premium is paid, is deceptive and misleading and is prohibited.

5. An advertisement shall not represent in any way that premium payments will not be required for each year of the policy in order to maintain the illustrated death benefits, unless that is the fact.

6. An advertisement shall not use the term “vanish,” or “vanishing premium,” or a similar term that implies the policy becomes paid up, to describe a plan using nonguaranteed elements to pay a portion of future premiums.

(J) Analogies between a life insurance policy’s or annuity contract’s cash values and savings accounts or other investments and between premium payments and contributions to savings accounts or other investments shall be complete and accurate. An advertisement shall not emphasize the investment or tax features of a life insurance policy to such a degree that the advertisement would mislead the purchaser to believe the policy is anything other than a life insurance policy or an annuity contract.

(K) An advertisement shall not state or imply in any way that interest charged on a policy loan or the reduction of death benefits by the amount of outstanding policy loan is unfair, inequitable, or in any manner an incorrect or improper practice.

(L) If nonforfeiture values are shown in any advertisement, the values must be shown either for the entire amount of the basic life policy death benefit or for each one thousand dollars (\$1,000) of the initial death benefit.

(M) The words “free,” “no cost,” “without cost,” “no additional cost,” “at no extra cost,” or words of similar import shall not be used with respect to any benefit or service being made available with a policy unless true. If there is no charge to the insured, then the identity of the payor shall be prominently disclosed. An advertisement may specify the charge for a benefit or a service or may state that a charge is included in the premium or use other appropriate language.

(N) No insurance producer may use terms such as “financial planner,” “investment adviser,” “financial consultant,” or “financial counseling” in such a way as to imply that he or she is generally engaged in an advisory business in which compensation is unrelated to sales unless that actually is the case. This provision is not intended to preclude persons who hold some form of formal recognized financial planning or consultant designation from using this designation. This provision also is not intended to preclude persons who are members of a recognized trade or professional association having such terms as part of its name from citing the membership, providing that a person citing the membership, if authorized only to sell insurance products, shall disclose that fact. This provision does not permit persons to charge an additional fee for services that are customarily associated with the solicitation, negotiation, or servicing of policies.

(O) Nonguaranteed Elements.

1. An advertisement shall not utilize or describe nonguaranteed elements in a manner that is misleading or has the capacity or tendency to mislead.

2. An advertisement shall not state or imply that the payment or amount of nonguaranteed elements is guaranteed. Unless otherwise specified in sections 375.1500 to 375.1527, RSMo, if nonguaranteed elements are illustrated, they shall be based on the insurer’s current scale and the illustration shall contain a statement to the effect that they are not to be construed as guarantees or estimates of amounts to be paid in the future.

3. Unless otherwise specified in sections 375.1500 to 375.1527, RSMo, an advertisement that includes any illustrations or statements containing or based upon nonguaranteed elements shall set forth, with equal prominence comparable illustrations or statements containing or based upon the guaranteed elements.

4. An advertisement shall not use or describe determinable elements in a manner that is misleading or has the capacity or tendency to mislead.

5. Advertisement may describe determinable elements as guaranteed but not determinable at issue. This description should include an explanation of how these elements operate, and their limitations, if any.

6. If an advertisement refers to any nonguaranteed element, it shall indicate that the insurer reserves the right to change any such element at any time and for any reason. However, if an insurer has agreed to limit this right in any way; such as, for example, if it has agreed to change these elements only at certain intervals or only if there is a change in the insurer’s current or anticipated experience, the advertisement may indicate any such limitation on the insurer’s right.

7. An advertisement shall not refer to dividends as “tax-free” or use words of similar import, unless the tax treatment of dividends is fully explained and the nature of the dividend as a return of premium is indicated clearly.

8. An advertisement may not state or imply that illustrated dividends under either or both a participating policy or pure endowment will be or can be sufficient at any future time to assure without the future payment of premiums, the receipt of benefits, such as a paid-up policy, unless the advertisement clearly and precisely explains the benefits or coverage provided at that time and the conditions required for that to occur.

[(I) Dividends.

1. An advertisement shall not utilize or describe dividends in a manner which is misleading or has the capacity or tendency to mislead.

2. An advertisement shall not state or imply that the payment or amount of dividends is guaranteed. If dividends are illustrated, they must be based on the insurer’s current dividend scale and the illustration must contain a statement to the effect that they are not to be construed as guarantees or estimates of dividends to be paid in the future.

3. An advertisement shall not state or imply that illustrated dividends under a participating policy, pure endowment, or both, will be or can be sufficient at any future time to assure, without the further payment of premiums, the receipt of benefits, such as a paid-up policy, unless the advertisement clearly and precisely explains what benefits or coverage would be provided at that time and under what conditions this would occur.]

[(J)](P) An advertisement shall not state that a purchaser of a policy will share in or receive a stated percentage or portion of the earnings on the general account assets of the company.

[(K)](Q) Testimonials, Appraisals, Analysis, or Endorsements by Third Parties.

1. Testimonials, appraisals, or analysis used in advertisements must be genuine; represent the current opinion of the author; be applicable to the policy advertised, if any; and be accurately reproduced with sufficient completeness to avoid misleading or deceiving prospective insureds. In using *[a]* testimonials, appraisals, or analysis; the insurer or insurance producer makes as its own all of the statements contained *[in it]* therein, and these statements are

subject to all the provisions of *[these rules]* **this rule.**

2. If the individual making a testimonial, **appraisal, analysis,** or *[an]* endorsement has a financial interest in the insurer or *[a]* related entity as a stockholder, director, officer, employee or otherwise, or receives any benefit directly or indirectly other than required union scale wages, *[this]* **that** fact shall be **prominently** disclosed in the advertisement.

3. An advertisement shall not state or imply that an insurer or a policy has been approved or endorsed by a group of individuals, society, association, or other organization unless *[that]* **such** is the fact and unless any proprietary relationship between an organization and the insurer is disclosed. If the entity making the endorsement or testimonial is owned, controlled, or managed by the insurer, or receives any payment or other consideration from the insurer for making the endorsement or testimonial, *[this]* **that** fact shall be disclosed in the advertisement.

4. When a testimonial, appraisal, analysis, or endorsement refers to benefits received under a policy for a specific claim, the claim date, including claim number, date of loss, and other pertinent information shall be retained by the insurer for inspection for a period of five (5) years after the discontinuance of its use.

[(L)](R) An advertisement shall not contain statistical information relating to any insurer or policy unless it accurately reflects recent and relevant facts. The source of any such statistics used in an advertisement shall be identified.

(S) Policies Sold to Students.

1. The envelope in which insurance solicitation material is contained may be addressed to the parents of students. The address may not include any combination of words which imply that the correspondence is from a school, college, university, or other education or training institution nor may it imply that the institution has endorsed the material or supplied the insurer with information about the student unless such is a correct and truthful statement.

2. All advertisements including, but not limited to, informational flyers used in the solicitation of insurance shall be identified clearly as coming from an insurer or insurance producer, if such is the case, and these entities shall be clearly identified as such.

3. The return address on the envelope may not imply that the soliciting insurer or insurance producer is affiliated with a university, college, school, or other educational or training institution, unless true.

[(M)](T) Introductory, Initial or Special Offers, and Enrollment Periods.

1. An advertisement of an individual policy or combination of these policies shall not state or imply that the policy or combination of policies is an introductory, initial or special offer, or that applicants will receive substantial advantages not available at a later date, or that the offer is available only to a specified group of individuals, unless that is the fact. An advertisement shall not describe an enrollment period as "special" or "limited" or use similar words or phrases in describing it when the insurer uses successive enrollment periods as its usual method of marketing its policies.

2. An advertisement shall not state or imply that only a specific number of policies will be sold, or that a time is fixed for the discontinuance of the sale of the particular policy advertised because of special advantages available in the policy.

3. An advertisement shall not offer a policy *[which]* that utilizes a reduced initial premium rate in a manner *[which]* that over-/emphasizes the availability and the amount of the reduced initial premium. A reduced initial or first year premium may not be described as constituting free insurance for a period of time. When an insurer charges an initial premium that differs in amount from the amount of the renewal premium payable on the same mode, all references to the reduced initial premium shall be followed by an asterisk or other appropriate symbol *[which]* that refers the reader to that specific portion of the advertisement *[which]* that contains the full rate schedule for the policy being advertised.

4. An enrollment period during which a particular insurance policy may be purchased on an individual basis shall not be offered within this state unless there has been a lapse of not less than three (3) months between the close of the immediately preceding enrollment period for the same policy and the opening of the new enrollment period. The advertisement shall specify the date by which the applicant must mail the application, which shall be not less than ten (10) days and not more than forty (40) days *[following]* from the date on which the enrollment period is advertised for the first time. This rule applies to all advertising media—*[that is]* i.e., mail, newspapers, radio, television, magazines, and periodicals—by any one (1) insurer or insurance producer. The phrase "any one (1) insurer" includes all the affiliated companies of a group of insurance companies under common management or control. This rule does not apply to the use of a termination or cutoff date beyond which an individual application for a guaranteed issue policy will not be *[acceptable]* accepted by an insurer in those instances where the application has been sent to the applicant in response to *[his/her]* his or her request. It is also inapplicable to solicitations of employees or members of a particular group or association which otherwise would be eligible under specific provisions of the insurance code for group, blanket, or franchise insurance. In cases where an insurance product is marketed on a direct mail basis to prospective insureds by reason of some common relationship with a sponsoring organization, this rule shall be applied separately to each sponsoring organization.

[(N)](U) An advertisement of a particular policy shall not state or imply that prospective insureds shall be or become members of a special class, group, or quasi-group and as such enjoy special rates, dividends, or underwriting privileges, unless that is the fact.

[(O)](V) An advertisement shall not make unfair or incomplete comparisons of policies, benefits, dividends, or rates of other insurers. An advertisement shall not *[falsely or unfairly describe]* disparage other insurers, *[their]* insurance producers, policies, services, or methods of marketing.

[(P)](W) For individual deferred annuity products or deposit funds, the following shall apply:

1. Any illustrations or statements containing or based upon nonguaranteed interest *[rates higher than the guaranteed accumulation interest]* rates shall likewise *[shall]* set forth with equal prominence comparable illustrations or statements containing or based upon the guaranteed accumulation interest rates. *[These higher]* The nonguaranteed interest rate/s shall not be greater than those currently being credited by the company unless the *[higher]* nonguaranteed rates have been publicly declared by the company with an effective date for new issues not more than three (3) months subsequent to the date of declaration;

2. If an advertisement states the net premium accumulation interest rate, whether guaranteed or not, it also shall disclose in close proximity thereto and with equal prominence, the actual relationship between the gross and net premiums;

3. If any contract does not provide a cash surrender benefit prior to commencement of payment of any annuity benefits, *[any]* an illustration/s or statement/s concerning the contract shall prominently state that cash surrender benefits are not provided/.; and

4. Any illustrations, depictions, or statements containing or based on determinable elements shall likewise set forth with equal prominence comparable illustrations, depictions, or statements containing or based on guaranteed elements.

(X) An advertisement of a life insurance policy or annuity contract that illustrates nonguaranteed values shall only do so in accordance with current applicable state law relative to illustrating such values for life insurance policies and annuity contracts.

(Y) An advertisement for the solicitation or sale of a preneed funeral contract or prearrangement as defined in subsection (1)(H) that is funded or to be funded by a life insurance policy or annuity contract shall adequately disclose the following:

1. The fact that a life insurance policy or annuity contract is being used to fund a preneed funeral contract or a prearrangement as defined in subsection (1)(H); and

2. The nature of the relationship among the soliciting agent

or agents, the provider of the funeral or cemetery merchandise services, the administrator and any other person.

(Z) Failure to comply with the requirements set forth in section (4) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies as those terms are used in section 375.936(4) and (6), RSMo.

(5) Identity of Insurer.

(A) The name of the insurer shall be clearly identified in *[each]* all advertisements about the insurer or its products, and if any specific individual policy is advertised it shall be identified either by form number or other appropriate description. **If an application is a part of the advertisement, the name of the insurer shall be shown on the application. However, if an advertisement contains a listing of rates or features that is a composite of several different policies or contracts of different insurers, the advertisement shall so state, shall indicate, if applicable, that not all policies or contracts on which the composite is based may be available in all states, and shall provide a rating of the lowest rated insurer and reference the rating agency, but need not identify each insurer. If an advertisement identifies the issuing insurers, insurance issuer ratings need not be stated.**

(B) An advertisement shall not use a trade name, an insurance group designation, name of the parent company of the insurer, name of a particular division of the insurer, a reinsurer of the insurer, service mark, slogan, symbol, or other device or reference without disclosing the name of the insurer, if the advertisement would have the capacity or tendency to mislead or deceive as to the true identity of the insurer or create the impression that a company other than the insurer would have any responsibility for the financial obligation under a policy.

***[(B)](C) [No advertisement shall]* An advertisement shall not use any combination of words, symbols, or physical materials *[which]* that by their content, phraseology, shape, color, or other characteristics are so similar to a combination of words, symbols, or physical materials used by a governmental program or agency or otherwise appear to be of such a nature that they tend to mislead prospective insureds into believing that the solicitation is in some manner connected with *[that]* a governmental program or agency.**

(D) Failure to comply with the requirements set forth in section (5) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies as those terms are used in section 375.936(4) and (6), RSMo.

(6) Jurisdictional Licensing and Status of Insurer.

(A) An advertisement *[which]* that is intended to be seen or heard beyond the limits of the jurisdiction in which the insurer is licensed shall not imply licensing beyond those limits.

(B) An advertisement may state that an insurer or insurance producer is licensed in *[the state where the advertisement appears]* a particular state or states, provided it does not exaggerate that fact or suggest or imply that competing insurers or insurance producers may not be so licensed.

(C) An advertisement shall not create the impression that the insurer, its financial condition or status, the payment of its claims, or the merits, desirability, or advisability of its policy forms or kinds of plans of insurance are *[currently or have been]* recommended or endorsed by any governmental entity *[unless that is the fact]*. However, when a governmental entity has recommended or endorsed a policy form or plan, that fact may be stated if the entity authorize/d/s its recommendation or endorsement to be used in an advertisement.

(D) Failure to comply with the requirements set forth in section (6) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies as those terms are used in section 375.936(4) and (6), RSMo.

(7) Statements About the Insurer.

(A) An advertisement shall not contain statements, pictures, or

illustrations *[which]* that are false or misleading, in fact or by implication, with respect to the assets, liabilities, insurance in force, corporate structure, financial condition, age, or relative position of the insurer in the insurance business. An advertisement shall not contain a recommendation by any commercial rating system unless it clearly defines the scope, basis and extent of the recommendation including, but not limited to, the placement of the insurer's rating in the hierarchy of the rating system cited.

(B) Failure to comply with the requirements set forth in section (7) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies as those terms are used in section 375.936(4) and (6), RSMo.

(8) Enforcement Procedures.

(A) Each insurer shall maintain at its home or principal office a complete file containing a specimen copy of every printed, published, or prepared advertisement of its individual policies and specimen copies of typical printed, published, or prepared advertisements of its blanket, franchise and group policies disseminated in this state, with a notation indicating the manner and extent of distribution and the form number of any policy advertised. This file shall be subject to inspection by the director *[or his/her lawfully appointed agents]*. All *[these]* advertisements shall be maintained in the file for a period of *[either three (3) years or until the filing of the next regular report on examination of the insurer, whichever is the longer period of time]* five (5) years after discontinuance of its use.

(B) If the director determines that an insurer's or insurance producer's advertisement has the capacity or tendency to mislead or deceive the public, the director may require the insurer or insurance producer to submit all or any part of their advertising material for review or approval prior to use.

***[(B)](C)* Each insurer subject to the provisions of *[these rules]* this rule shall file with the director with its annual statement a certificate of compliance executed by an authorized officer of the insurer *[where it is stated]* stating that to the best of *[his/her]* his or her knowledge, information and belief, the advertisements *[which]* that were disseminated by or on behalf of the insurer in this state during the preceding statement year, or during the portion of *[that]* the year when *[these rules were]* this rule was in effect, complied or were made to comply in all respects with the provisions of *[these rules]* this rule and the insurance laws of this state as implemented and interpreted by *[these rules]* this rule.**

[(9) Conflict With Other Rules. It is not intended that these rules conflict with or supersede any rules currently in force or subsequently adopted in this state governing specific aspects of the sale or replacement of life insurance including, but not limited to, rules dealing with life insurance cost comparison indices, deceptive practices in the sales of life insurance and replacement of life insurance policies. Consequently, no disclosure required under any such rules shall be deemed to be an advertisement within the meaning of these rules.]

AUTHORITY: sections 374.045, 375.141, 375.143, and 375.144, RSMo Supp. 2013, and sections 375.934 [and], 375.936, and 375.948, RSMo 2000. This rule was previously filed as 4 CSR 190-13.020. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. Amended: Filed July 9, 1976, effective Feb. 20, 1977. Amended: Filed July 12, 2002, effective Jan. 30, 2003. Amended: Filed Sept. 30, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 400—Life, Annuities and Health
Chapter 5—Advertising and Material Disclosures**

PROPOSED AMENDMENT

20 CSR 400-5.400 [Replacement of] Life Insurance and Annuities Replacement. The director is amending the rule title, amending the purpose, deleting sections (1)–(10) and exhibit A. The director is adding new sections (1)–(9) and appendices A, B, and C.

PURPOSE: This amendment updates life insurance and annuity replacement requirements for insurers and producers in accordance with the National Association of Insurance Commissioners Life Insurance and Annuities Replacement Model Regulation #613.

PURPOSE: This rule regulates the activities of insurers, agents, and brokers with respect to the replacement of existing life insurance and annuities and protects the interests of life insurance and annuity purchasers by establishing minimum standards of conduct to be observed in replacement transactions. **This rule effectuates and aids in the interpretation of sections 375.934, 375.936, and 375.948, RSMo.**

[(1) Purpose. The purpose of this rule is to—

(A) Regulate the activities of insurers and insurance producers with respect to the replacement of existing life insurance and annuities; and

(B) Protect the interests of life insurance and annuity purchasers by establishing minimum standards of conduct to be observed in replacement transactions by—

1. Assuring that purchasers receive information with which a decision can be made in his/her own best interest;

2. Reducing the opportunity for misrepresentation and incomplete disclosures; and

3. Establishing penalties for failure to comply with requirements of this rule.

(2) Definition of Replacement. Replacement means any transaction in which new life insurance or a new annuity is to be purchased, and it is known or should be known to the proposing insurance producer or to the proposing insurer if there is no insurance producer, that by reason of that transaction, existing life insurance or annuity has been or is to be—

(A) Lapsed, forfeited, surrendered or otherwise terminated;

(B) Converted to reduced paid-up insurance, continued as extended term insurance or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;

(C) Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;

(D) Reissued with any reduction in cash value; or

(E) Pledged as collateral or subjected to borrowing, whether in a single loan or under a schedule of borrowing over a period of time for amounts in the aggregate exceeding twenty-five percent (25%) of the loan value set forth in the

policy.

(3) Other Definitions.

(A) Conservation means any attempt by the existing insurer or its insurance producer to dissuade a policyowner from the replacement of existing life insurance or annuity. Conservation does not include routine administrative procedures such as late payment reminders, late payment offers or reinstatement offers.

(B) Direct-response sales means any sale of life insurance or annuity where the insurer does not utilize an insurance producer in the sale or delivery of the policy.

(C) Existing insurer means the insurance company whose policy is or will be changed or terminated in a manner as described within the definition of replacement.

(D) Existing life insurance or annuity means any life insurance or annuity in force, including life insurance under a binding or conditional receipt or a life insurance policy or annuity that is within an unconditional refund period.

(E) Policy summary or ledger statement as defined by section 376.704, RSMo.

(F) Registered contract means variable annuities, investment annuities, variable life insurance under which the death benefits and cash values vary in accordance with unit values of investments held in separate account or any other contracts issued by life insurance companies which are registered with the Federal Securities and Exchange Commission.

(G) Replacing insurer means the insurance company that issues or proposes to issue a new policy or contract which is a replacement of existing life insurance or annuity.

(4) Exemptions. Unless otherwise specifically included, this rule shall not apply to transactions involving—

(A) Credit life insurance;

(B) Group life insurance or group annuities;

(C) An application to the existing insurer that issued the existing life insurance where a contractual change or conversion privilege is being exercised;

(D) Proposed life insurance that is to replace life insurance under a binding or conditional receipt issued by the same company;

(E) Transactions where the replacing insurer and the existing insurer are the same or are subsidiaries or affiliates under common ownership or control; provided, however, insurance producers proposing replacement shall comply with the requirements of subsection (5)(A);

(F) Registered contracts shall be exempt from the requirements of paragraphs (7)(B)2. and 3. requiring provision of policy summary or ledger statement information; however, premium or contract contribution amounts and identification of the appropriate prospectus or offering circular shall be required in lieu of it; and

(G) Policies issued in connection with a pension, profit sharing and individual retirement account or other benefit plan qualifying for tax deductibility of premium.

(5) Duties of Insurance Producers.

(A) Each insurance producer who initiates the application shall submit to the insurer to which an application for life insurance or annuity is presented, with or as part of each application—

1. A statement signed by the applicant as to whether replacement of existing life insurance or annuity is involved in the transaction; and

2. A signed statement as to whether the insurance producer knows replacement is or may be involved in the transaction.

(B) Where a replacement is involved, the insurance producer shall—

1. Present to the applicant, not later than at the time of taking the application, a “Notice Regarding Replacement” in the form as described in Exhibit A, included herein, or other substantially similar form approved by the director. The notice shall be signed by both the applicant and the insurance producer and left with the applicant;

2. Obtain with or as part of each application a list of all existing life insurance or annuity to be replaced, or both, and properly identified by name of insurer, the insured and contract number. If a contract number has not been assigned by the existing insurer, alternative identification, such as an application or receipt number, shall be listed;

3. Leave with the applicant the original or a copy of written or printed communications used for presentation to the applicant; and

4. Submit to the replacing insurer with the application a copy of the replacement notice provided pursuant to paragraph (5)(B)1.

(C) Each insurance producer who uses written or printed communications in a conversation shall leave with the applicant the original or a copy of the materials used.

(6) Duties of All Insurers. Each shall—

(A) Inform its field representatives or other personnel responsible for compliance with this rule of the requirements of this rule; and

(B) Require with or as a part of each completed application for life insurance or annuity, a statement signed by the applicant as to whether the proposed insurance or annuity will replace existing life insurance or annuity.

(7) Duties of Insurers That Use Insurance Producers. Each insurer that uses an insurance producer in a life insurance or annuity sale shall—

(A) With or as part of each completed application for life insurance or annuity, require a statement signed by the insurance producer as to whether s/he knows replacement is or may be involved in the transaction;

(B) Where a replacement is involved—

1. Require from the insurance producer with the application for life insurance or annuity—1) a list of all of the applicant’s existing life insurance or annuity to be replaced and 2) a copy of the replacement notice provided the applicant pursuant to paragraph (5)(B)1. The existing life insurance or annuity shall be identified by name of insurer, insured and contract number. If a number has not been assigned by the existing insurer, alternative identification, such as an application or receipt number, shall be listed;

2. Send to each existing insurer a written communication advising of the replacement of proposed replacement and the identification information obtained pursuant to paragraph (7)(B)1. and a policy summary or ledger statement containing policy data on the proposed life insurance or annuity. Life insurance cost index and equivalent level annual dividend figures need not be included in the policy summary or ledger statement. This written communication shall be made within five (5) working days of the date the application is received in the replacing insurer’s home or regional office or the date the proposed policy or contract is issued, whichever is sooner; and

3. Each existing insurer or the insurer’s insurance producer, that undertakes a conversation, within twenty (20) days from the date the written communication plus the materials required in paragraphs (7)(B)1. and 2. is received by the existing insurer, shall furnish the policyowner with a policy summary for the existing life insurance or a ledger

statement containing policy data on the existing policy annuity, or both. All information in the policy summary or ledger statement relating to premiums, cash values, death benefits and dividends shall be computed from the current policy year of the existing life insurance. The policy summary shall include the amount of any outstanding indebtedness, the sum of any dividend accumulations or additions and may include any other information that is not in violation of any rule or statute. Life insurance cost index and equivalent level annual dividend figures need not be included in the policy summary. The replacing insurer may request the existing insurer to furnish it with a copy of the summaries;

(C) As the replacing insurer, maintain evidence of the “Notice Regarding Replacement,” the policy summary, the contract summary and any ledger statements used and a replacement register, cross-indexed, by replacing insurance producer and existing insurer to be replaced. The existing insurer shall maintain evidence of policy summaries, contract summaries or ledger statements used in any conversation. Evidence that all requirements were met shall be maintained for at least three (3) years or until the conclusion of the next succeeding regular examination by the insurance department of its state of domicile, whichever is earlier; and

(D) As the replacing insurer shall provide in its policy or in a separate written notice which is delivered with the policy that the applicant has a right to an unconditional refund of all premiums paid, which right may be exercised within a period of twenty (20) days commencing from the date of delivery of the policy.

(8) Duties of Insurers With Respect to Direct- Response Sales.

(A) If in the solicitation of a direct response sale, the insurer did not propose the replacement and a replacement is involved, the insurer shall send to the applicant with the policy a replacement notice as described in Exhibit B, or other substantially similar form approved by the director.

(B) If the insurer proposed the replacement, it shall—

1. Provide to applicants or prospective applicants with or as a part of the application a replacement notice as described in Exhibit B, included herein, or other substantially similar form approved by the director;

2. Request from the applicant with or as part of the application, a list of all existing life insurance or annuity to be replaced and properly identified by name of insurer and insured; and

3. Comply with the requirements of paragraph (7)(B)2., if the applicant furnishes the names of the existing insurers and the requirements of subsection (7)(C), except that it need not maintain a replacement register.

(9) Penalties.

(A) Any insurer, insurance producer, representative, officer or employee of that insurer failing to comply with the requirements of this rule shall be subject to those penalties as may be appropriate under the insurance laws.

(B) Patterns of action by policyowners who purchase replacing policies from the same insurance producer, after indicating on the application that replacement is not included, shall be deemed prima facie evidence of the insurance producer’s knowledge that replacement was intended in connection with the sale of those policies and the patterns of action shall be deemed prima facie evidence of the insurance producer’s intent to violate this rule.

(C) This regulation does not prohibit the use of additional material other than that which is required that is not in violation of the rule or any other statute or rule.

(10) Severability. If any section or portion of a section of this rule or the applicability of it to any person or circumstance, is held invalid by a court, the remainder of this rule or the applicability of that provision to other persons, shall not be affected.

Exhibit A
Replacement Notice
Replacing Your Life Insurance Policy or Annuity?

Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one—or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy.

Make sure you understand the facts. Ask the company or insurance producer that sold you your existing policy to provide you with a policy summary statement.

The reverse side contains a check list of some of the items you should consider in making your decision. TAKE TIME TO READ IT.

Do not let one insurance producer or insurer prevent you from obtaining information from another insurance producer or insurer which may be to your advantage.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required to notify your existing company that you may be replacing their policy.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Insurance Producer's Signature</i>	_____ <i>Date</i>
_____		_____	
_____		_____	
_____		_____	
_____ <i>Applicant's Name and Address (printed)</i>		_____ <i>Insurance Producer's Name, Address, Telephone Number and License Number (printed)</i>	

ORIGINAL TO APPLICANT
 COPY TO REPLACING INSURER—COPY TO REPLACED INSURER

ITEMS TO CONSIDER

1. *If the policy coverages are basically similar, premiums for a new policy may be higher because rates increase as your age increases.*
2. *Cash values and dividends, if any, may grow slower under a new policy initially because of the initial costs of issuing a policy.*
3. *Your present insurance company may be able to make a change on terms which may be more favorable than if you replace existing insurance with new insurance.*
4. *If you borrow against an existing policy to pay premiums on a new policy, death benefits payable under your existing policy will be reduced by the amount of any unpaid loan, including unpaid interest.*
5. *Current interest rates are not guaranteed. Guaranteed interest rates are usually considerably lower than current rates. What rates are guaranteed?*
6. *Are premiums guaranteed or subject to change—up or down?*
7. *Participating policies pay dividends that may materially reduce the cost of insurance over the life of the contract. Dividends, however, are not guaranteed.*
8. *CAUTION, you are urged not to take action to terminate, assign or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you; and REMEMBER, you have twenty (20) days following receipt to examine the contents of any individual life insurance policy or annuity. If you are not satisfied with it for any reason, you have the right to return it to the insurer at its home or branch office, or to the insurance producer through whom it was purchased, for a full refund of premium.*

EXHIBIT B
(Name, address and telephone number of the insurance company)
**Important Notice Regarding Replacement
of Life Insurance**

You have indicated that you intend to replace an existing life insurance policy or policies in connection with the purchase of our life insurance policy. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance coverage.

You may want to contact your existing life insurance company or its insurance producer for additional information and advice or discuss your purchase with other advisors. The information you receive should be of value to you in reaching a final decision.

If either the proposed policy or the existing insurance you intend to replace is a participating policy, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could [contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application, or] deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.*

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

* * * * *

(Additional paragraph if a twenty (20)-day money-back guarantee is provided by the insurer.)

After we have issued your policy, you will have twenty (20) days from the date the new policy is received by you to notify us you are cancelling the policy issued on your application and you will receive back all payments you made to us.

* * * * *

You are urged not to take action to terminate or alter your existing life insurance coverage until you have been issued the new policy, examined it and found it acceptable to you.

* * * * *

**Use bracketed language only when the application asks health questions.]*

(1) Purpose and Scope.**(A) The purpose of this rule is—**

1. To regulate the activities of insurers and producers with respect to the replacement of existing life insurance and annuities; and

2. To protect the interests of life insurance and annuity purchasers by establishing minimum standards of conduct to be observed in replacement or financed purchase transactions. It will—

A. Assure that purchasers receive information with which a decision can be made in his or her own best interest; and

B. Reduce the opportunity for misrepresentation and incomplete disclosure.

(B) Unless otherwise specifically included, this rule shall not apply to transactions involving—

1. Credit life insurance;

2. Group life insurance or group annuities where there is no direct solicitation of individuals by an insurance producer. Direct solicitation shall not include any group meeting held by an insurance producer solely for the purpose of educating or enrolling individuals or, when initiated by an individual member of the group, assisting with the selection of investment options offered by a single insurer in connection with enrolling that individual in group life insurance or a group annuity. Group life insurance or group annuity certificates marketed through direct response solicitation shall be subject to the provisions of section (7) of this rule;

3. Group life insurance or annuities used to fund pre-arranged funeral contracts;

4. An application to the existing insurer that issued the existing policy or contract when a contractual change or a conversion privilege is being exercised; or, when the existing policy or contract is being replaced by the same insurer pursuant to a new policy or contract filed with and approved by the director; or, when a term conversion privilege is exercised among corporate affiliates;

5. Proposed life insurance that is to replace life insurance under a binding or conditional receipt issued by the same company;

6. (Reserved)

A. Policies or contracts used to fund 1) an employee pension or welfare benefit plan that is covered by the Employee Retirement and Income Security Act (ERISA); 2) a plan described by Sections 401(a), 401(k) or 403(b) of the Internal Revenue Code, where the plan, for purposes of ERISA, is established or maintained by an employer; 3) a governmental or church plan defined in Section 414, a governmental or church welfare benefit plan, or a deferred compensation plan of a state or local government or tax exempt organization under Section 457 of the Internal Revenue Code; or 4) a nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor.

B. Notwithstanding subparagraph (1)(B)6.A., this rule shall apply to policies or contracts used to fund any plan or arrangement that is funded solely by contributions an employee elects to make, whether on a pre-tax or after-tax basis, and where the insurer has been notified that plan participants may choose from among two (2) or more insurers and there is a direct solicitation of an individual employee by an insurance producer for the purchase of a contract or policy. As used in this subsection, direct solicitation shall not include any group meeting held by an insurance producer solely for the purpose of educating individuals about the plan or arrangement or enrolling individuals in the plan or arrangement or, when initiated by an individual employee, assisting with the selection of investment options offered by a single insurer in connection with enrolling that individual employee in group life insurance or a group annuity;

7. Where new coverage is provided under a life insurance

policy or contract and the cost is borne wholly by the insured's employer or by an association of which the insured is a member;

8. Existing life insurance that is a non-convertible term life insurance policy that will expire in five (5) years or less and cannot be renewed; or

9. Structured settlements.

(C) Registered contracts shall be exempt from the requirements of paragraph (5)(A)2. and subsection (6)(B) of this rule with respect to the provision of illustrations or policy summaries; however, premium or contract contribution amounts and identification of the appropriate prospectus or offering circular shall be required instead.

(2) Definitions.

(A) "Direct-response solicitation" means a solicitation through a sponsoring or endorsing entity or individually solely through mails, telephone, the Internet, or other mass communication media.

(B) "Existing insurer" means the insurance company whose policy or contract is or will be changed or affected in a manner described within the definition of "replacement."

(C) "Existing contract" means an annuity contract (contract) in force, including a contract under a binding or conditional receipt or a contract that is within an unconditional refund period.

(D) "Existing policy" means an individual life insurance policy (policy) in force, including a policy under a binding or conditional receipt or a policy that is within an unconditional refund period.

(E) "Financed purchase" means the purchase of a new policy or contract involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from values of an existing policy or contract to pay all or part of any premium due on the new policy or contract. For purposes of a regulatory review of an individual transaction only, if a withdrawal, surrender, or borrowing involving the policy or contract values of an existing policy or contract is used to pay premiums on a new policy or contract owned by the same policyholder and issued by the same company within four (4) months before or thirteen (13) months after the effective date of the new policy or contract, it will be deemed *prima facie* evidence of the policyholder's intent to finance the purchase of the new policy or contract with existing policy or contract values. This *prima facie* standard is not intended to increase or decrease the monitoring obligations contained in paragraph (4)(A)5. of this rule.

(F) "Illustration" means a presentation or depiction that includes non-guaranteed elements of a policy of life insurance or annuity contract over a period of years as defined in section 375.1503, RSMo.

(G) "Policy summary," for the purposes of this rule—

1. For policies or contracts other than universal life policies, means a written statement regarding a policy or contract that shall contain to the extent applicable, but need not be limited to, the following information: current death benefit; annual contract premium; current cash surrender value; current dividend; application of current dividend; and amount of outstanding loan;

2. For universal life policies, means a written statement that shall contain at least the following information: the beginning and end date of the current report period; the policy value at the end of the previous report period and at the end of the current report period; the total amounts that have been credited or debited to the policy value during the current report period, identifying each by type (e.g., interest, mortality, expense, and riders); the current death benefit at the end of the current report period on each life covered by the policy; the net cash surrender value of the policy as of the end of the current report period; and the amount of outstanding loans, if any, as of the end of the current report period.

(H) "Producer," for the purpose of this rule, shall be defined to include agents, brokers, and producers.

(I) "Replacing insurer" means the insurance company that issues or proposes to issue a new policy or contract that replaces an existing policy or contract or is a financed purchase.

(J) "Registered contract" means an annuity contract or life insurance policy subject to the prospectus delivery requirements of the Securities Act of 1933.

(K) "Replacement" means a transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that by reason of the transaction, an existing policy or contract has been or is to be—

1. Lapsed, forfeited, surrendered, or partially surrendered, assigned to the replacing insurer or otherwise terminated;

2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;

3. Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;

4. Reissued with any reduction in cash value; or

5. Used in a financed purchase.

(L) "Sales material" means a sales illustration and any other written, printed, or electronically presented information created, completed, or provided by the company or producer and used in the presentation to the policy or contract owner related to the policy or contract purchased.

(3) Duties of Producers.

(A) A producer who initiates an application shall submit to the insurer, with or as part of the application, a statement signed by both the applicant and the producer as to whether the applicant has existing policies or contracts. If the answer is "no," the producer's duties with respect to replacement are complete.

(B) If the applicant answered "yes" to the question regarding existing coverage referred to in subsection (3)(A), the producer shall present and read to the applicant, not later than at the time of taking the application, a notice regarding replacements in the form as described in Appendix A, included herein, or other substantially similar form. The notice shall be signed by both the applicant and the producer attesting that the notice has been read aloud by the producer or that the applicant did not wish the notice to be read aloud (in which case the producer need not have read the notice aloud) and left with the applicant.

(C) The notice shall list all life insurance policies or annuities proposed to be replaced, properly identified by name of insurer, the insured or annuitant, and policy or contract number if available; and shall include a statement as to whether each policy or contract will be replaced or whether a policy will be used as a source of financing for the new policy or contract. If a policy or contract number has not been issued by the existing insurer, alternative identification, such as an application or receipt number, shall be listed.

(D) In connection with a replacement transaction the producer shall leave with the applicant at the time an application for a new policy or contract is completed the original or a copy of all sales material. With respect to electronically presented sales material, it shall be provided to the policy or contract owner in printed form no later than at the time of policy or contract delivery.

(E) Except as provided in subsection (5)(C), in connection with a replacement transaction the producer shall submit to the insurer to which an application for a policy or contract is presented, a copy of each document required by this section, a statement identifying any preprinted or electronically presented company approved sales materials used, and copies of any individualized sales materials, including any illustrations related to the specific policy or contract purchased.

(F) Failure to comply with the requirements set forth in section (3) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(4) Duties of Insurers that Use Producers. Each insurer shall—

(A) Maintain a system of supervision and control to insure compliance with the requirements of this rule that shall include at least the following:

1. Inform its producers of the requirements of this rule and incorporate the requirements of this rule into all relevant producer training manuals prepared or distributed by the insurer;

2. Provide to each producer a written statement of the company's position with respect to the acceptability of replacements, providing guidance to its producer as to the appropriateness of these transactions;

3. A system to review the appropriateness of each replacement transaction that the producer does not indicate is in accord with paragraph (4)(A)2. above;

4. Procedures to confirm that the requirements of this rule have been met; and

5. Procedures to detect transactions that are replacements of existing policies or contracts by the existing insurer, but that have not been reported as such by the applicant or producer. Compliance with this rule may include, but shall not be limited to, systematic customer surveys, interviews, confirmation letters, or programs of internal monitoring;

(B) Have the capacity to monitor each producer's life insurance policy and annuity contract replacements for that insurer, and shall produce, upon request, and make such records available to the department. The capacity to monitor shall include the ability to produce records for each producer's—

1. Life replacements, including financed purchases, as a percentage of the producer's total annual sales for life insurance;

2. Number of lapses of policies by the producer as a percentage of the producer's total annual sales for life insurance;

3. Annuity contract replacements as a percentage of the producer's total annual annuity contract sales;

4. Number of transactions that are unreported replacements of existing policies or contracts by the existing insurer detected by the company's monitoring system as required by paragraph (4)(A)5.; and

5. Replacements, indexed by replacing producer and existing insurer;

(C) Require with, or as a part of, each application for life insurance or an annuity, a signed statement by both the applicant and the producer as to whether the applicant has existing policies or contracts;

(D) Require with each application for life insurance or an annuity that indicates an existing policy or contract, a completed notice regarding replacements as contained in Appendix A, included herein;

(E) When the applicant has existing policies or contracts, each insurer shall be able to produce copies of any sales material required by subsection (3)(E), the basic illustration and any supplemental illustrations related to the specific policy or contract that is purchased, and the producer's and applicant's signed statements with respect to financing and replacement for at least five (5) years after the termination or expiration of the proposed policy or contract;

(F) Ascertain that the sales material and illustrations required by subsection (3)(E) of this rule meet the requirements of this rule and are complete and accurate for the proposed policy or contract;

(G) If an application does not meet the requirements of this rule, notify the producer and applicant and fulfill the outstanding requirements;

(H) Maintains records in paper, photograph, microprocess, magnetic, mechanical or electronic media, or by any process that accurately reproduces the actual document; and

(I) Failure to comply with the requirements set forth in section (4) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(5) Duties of Replacing Insurers that Use Producers.

(A) Where a replacement is involved in the transaction, the replacing insurer shall—

1. Verify that the required forms are received and are in compliance with this rule;

2. Notify any other existing insurer that may be affected by the proposed replacement within five (5) business days of receipt of a completed application indicating replacement or when the replacement is identified if not indicated on the application, and mail a copy of the available illustration or policy summary for the proposed policy or available disclosure document for the proposed contract within five (5) business days of a request from an existing insurer;

3. Be able to produce copies of the notification regarding replacement required in subsection (3)(B), indexed by producer, for at least five (5) years or until the next regular examination by the insurance department of a company's state of domicile, whichever is later; and

4. Provide to the policy or contract owner notice of the right to return the policy or contract within thirty (30) days of the delivery of the contract and receive an unconditional full refund of all premiums or consideration paid on it, including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or consideration or imposed under such policy or contract. Such notice may be included in Appendix A or C, included herein.

(B) In transactions where the replacing insurer and the existing insurer are the same or subsidiaries or affiliates under common ownership or control, allow credit for the period of time that has elapsed under the replaced policy's or contract's incontestability and suicide period up to the face amount of the existing policy or contract. With regard to financed purchases, the credit may be limited to the amount the face amount of the existing policy is reduced by the use of existing policy values to fund the new policy or contract.

(C) If an insurer prohibits the use of sales material other than that approved by the company, as an alternative to the requirements made of an insurer pursuant to subsection (3)(E), the insurer may—

1. Require with each application a statement signed by the producer that—

A. Represents that the producer used only company-approved sales material; and

B. States that copies of all sales material were left with the applicant in accordance with subsection (3)(D); and

2. Within ten (10) days of the issuance of the policy or contract—

A. Notify the applicant by sending a letter or by verbal communication with the applicant by a person whose duties are separate from the marketing area of the insurer, that the producer has represented that copies of all sales material have been left with the applicant in accordance with subsection (3)(D);

B. Provide the applicant with a toll free number to contact company personnel involved in the compliance function if such is not the case; and

C. Stress the importance of retaining copies of the sales material for future reference; and

3. Be able to produce a copy of the letter or other verification in the policy file for at least five (5) years after the termination or expiration of the policy or contract.

(D) Failure to comply with the requirements set forth in section (5) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(6) Duties of the Existing Insurer. Where a replacement is involved in the transaction, the existing insurer shall—

(A) Retain and be able to produce all replacement notifications received, indexed by replacing insurer, for at least five (5) years;

(B) Send a letter to the policy or contract owner of the right to receive information regarding the existing policy or contract values including, if available, an in force illustration or policy summary, if an in force illustration cannot be produced within five (5) business days of receipt of a notice that an existing policy or contract is being replaced. The information shall be provided within five (5) business days of receipt of the request from the policy or contract owner;

(C) Upon receipt of a request to borrow, surrender, or withdraw any policy values, send a notice advising the policy owner that the release of policy values may affect the guaranteed elements, non-guaranteed elements, face amount, or surrender value of the policy from which the values are released. The notice shall be sent separate from the check if the check is sent to anyone other than the policy owner. In the case of consecutive automatic premium loans, the insurer is only required to send the notice at the time of the first loan; and

(D) Failure to comply with the requirements set forth in section (6) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(7) Duties of Insurers with Respect to Direct Response Solicitations.

(A) In the case of an application that is initiated as a result of a direct response solicitation, the insurer shall require, with or as part of each completed application for a policy or contract, a statement asking whether the applicant, by applying for the proposed policy or contract, intends to replace, discontinue, or change an existing policy or contract. If the applicant indicates a replacement or change is not intended, or if the applicant fails to respond to the statement, the insurer shall send the applicant, with the policy or contract, a notice regarding replacement in Appendix B, included herein, or other substantially similar form approved by the director.

(B) If the insurer has proposed the replacement or if the applicant indicates a replacement is intended and the insurer continues with the replacement, the insurer shall—

1. Provide to applicants or prospective applicants with the policy or contract a notice, as described in Appendix C, included herein, or other substantially similar form approved by the director. In these instances the insurer may delete the references to the producer, including the producer's signature, and references not applicable to the product being sold or replaced, without having to obtain approval of the form from the director. The insurer's obligation to obtain the applicant's signature shall be satisfied if it can demonstrate that it has made a diligent effort to secure a signed copy of the notice referred to in this paragraph. The requirement to make a diligent effort shall be deemed satisfied if the insurer includes in the mailing a self-addressed postage pre-paid envelope with instructions for the return of the signed notice referred to in this section; and

2. Comply with the requirements of paragraph (5)(A)2., if the applicant furnishes the names of the existing insurers, and the

requirements of paragraphs (5)(A)3., (5)(A)4., and subsection (5)(B).

(C) Failure to comply with the requirements set forth in section (7) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(8) Violations.

(A) Any failure to comply with this rule shall be considered a violation of the Unfair Trade Practice Act, sections 375.930 to 375.948, RSMo, as more fully set forth in this rule. Examples of violations include:

1. Any deceptive or misleading information set forth in sales material;
2. Failing to ask the applicant in completing the application the pertinent questions regarding the possibility of financing or replacement;
3. The intentional incorrect recording of an answer;
4. Advising an applicant to respond negatively to any question regarding replacement in order to prevent notice to the existing insurer; or
5. Advising a policy or contract owner to write directly to the company in such a way as to attempt to obscure the identity of the replacing producer or company.

(B) Policy and contract owners have the right to replace existing life insurance policies or annuity contracts after indicating in, or as a part of, an application for new coverage that replacement is not their intention; however, patterns of inaccurate recordings of the expression of intention regarding replacement by policy or contract owners of the same producer shall be deemed *prima facie* evidence of the producer's knowledge that replacement was intended in connection with the identified transactions, and these patterns of action shall be deemed *prima facie* evidence of the producer's intent to violate this rule.

(C) Where it is determined that the requirements of this rule have not been met, the replacing insurer shall provide to the policy or contract owner an in force illustration if available or policy summary for the replacement policy or available disclosure document for the replacement contract and the appropriate notice regarding replacements in Appendix A or C, included herein.

(9) Severability. If any section or portion of a section of this rule, or its applicability to any person or circumstances, is held invalid by a court, the remainder of this rule, or the applicability of its provisions to other persons, shall not be affected.

APPENDIX A

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new policy or contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy or contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured or annuitant.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO**
- 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO**

If you answered “yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING(F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. ____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: **Are they affordable?**
 Could they change?
 You're older—are premiums higher for the proposed new policy?
 How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: **New policies usually take longer to build cash values and to pay dividends.**
 Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
 What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

APPENDIX B

**NOTICE REGARDING REPLACEMENT
REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?**

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one—or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed policy or contract's benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy or contract to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

APPENDIX C

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new policy or contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy or contract values, including accumulated dividends, of an existing policy or contract, to pay all or part of any premium or payment due on the new policy or contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured or annuitant.

We want you to understand the effects of replacements and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?**
___ YES ___ NO
- 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO**

Please list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: **Are they affordable?**
 Could they change?
 You're older—are premiums higher for the proposed new policy?
 How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: **New policies usually take longer to build cash values and to pay dividends.**
 Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
 What surrender charges do the policies have?
 What expense and sales charges will you pay on the new policy?
 Does the new policy provide more insurance coverage?

INSURABILITY: **If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.**
 You may need a medical exam for a new policy.
 Claims on most new policies for up to the first two (2) years can be denied based on inaccurate statements.
 Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

AUTHORITY: sections 374.045 and 375.143, *RSMo Supp. 2013*, and sections 375.934, 375.936, and 375.948, *RSMo 2000*. This rule was previously filed as 4 CSR 190-13.060. Original rule filed Jan. 5, 1970, effective Jan. 15, 1970. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Sept. 30, 2016.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 400—Life, Annuities and Health
Chapter 5—Advertising and Material Disclosures**

PROPOSED RESCISSION

20 CSR 400-5.410 Disclosure of Material Facts in Annuity Sales. This rule provided standards for the disclosure of certain information about annuity contracts to protect consumers and foster consumer education. The rule specified material information which must be disclosed and the method for disclosing it in connection with the offer and sale of annuity contracts. The goal of this regulation was to ensure that purchasers of annuity contracts understand certain basic features of an annuity contract. This rule was based upon the Annuity Disclosure Model Regulation, adopted by the National Association of Insurance Commissioners in 1998. The rule was a minimum standard, but was not a substitute for complete disclosure of material facts prior to sale as required by law.

PURPOSE: This rule is being rescinded because proposed rule 20 CSR 400-5.800 Annuity Disclosure, is replacing the language contained in this rule.

AUTHORITY: sections 374.040, 374.045, 375.013, 375.936(4) and 375.936(6), *RSMo 2000* and 375.144, *RSMo Supp. 2005*. Original rule filed July 14, 2006, effective Jan. 30, 2007. Rescinded: Filed Sept. 30, 2016.

PUBLIC COST: The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: The proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 400—Life, Annuities and Health
Chapter 5—Advertising and Material Disclosures**

PROPOSED RULE

20 CSR 400-5.800 Annuity Disclosure

PURPOSE: This rule effectuates and aids in the interpretation of sections 375.141.1(8), 375.143, and 375.936(4), (6), and (7), *RSMo*. The purpose of this rule is to provide standards for the disclosure of certain minimum information about annuity contracts to protect consumers and foster consumer education. This rule specifies the minimum information which must be disclosed, the method for disclosing it, and the use and content of illustrations, if used, in connection with the sale of annuity contracts. The goal of this rule is to ensure that purchasers of annuity contracts understand certain basic features of annuity contracts. This rule implements the National Association of Insurance Commissioners (NAIC) Annuity Disclosure Guideline Regulation #245.

(1) Applicability and Scope. This rule applies to all group and individual annuity contracts and certificates except—

(A) Immediate and deferred annuities that contain no non-guaranteed elements;

(B) *(Reserved)*

1. Annuities used to fund—

A. An employee pension plan which is covered by the Employee Retirement Income Security Act (ERISA);

B. A plan described by Sections 401(a), 401(k), or 403(b) of the *Internal Revenue Code*, where the plan, for purposes of ERISA, is established or maintained by an employer;

C. A governmental or church plan defined in Section 414 or a deferred compensation plan of a state or local government or a tax exempt organization under Section 457 of the *Internal Revenue Code*; or

D. A nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor.

2. Notwithstanding paragraph (1)(B)1., the rule shall apply to annuities used to fund a plan or arrangement that is funded solely by contributions an employee elects to make whether on a pre-tax or after-tax basis, and where the insurance company has been notified that plan participants may choose from among two (2) or more fixed annuity providers and there is a direct solicitation of an individual employee by a producer for the purchase of an annuity contract. As used in this subsection, direct solicitation shall not include any meeting held by a producer solely for the purpose of educating or enrolling employees in the plan or arrangement;

(C) Non-registered variable annuities issued exclusively to an accredited investor or qualified purchaser as those terms are defined by the Securities Act of 1933 (15 U.S.C. Section 77a et seq.), the Investment Company Act of 1940 (15 U.S.C. Section 80a-1 et seq.), or the regulations promulgated under either of those acts, and offered for sale and sold in a transaction that is exempt from registration under the Securities Act of 1933 (15 U.S.C. Section 77a et seq.);

(D) *(Reserved)*

1. Transactions involving variable annuities and other registered products in compliance with Securities and Exchange Commission (SEC) rules and Financial Industry Regulatory Authority (FINRA) rules relating to disclosures and illustrations, provided that compliance with section (3) of this rule shall be required after January 1, 2014, unless, or until such time as, the SEC has adopted a summary prospectus rule or FINRA has approved for use a simplified disclosure form applicable to variable annuities or other registered products.

2. Notwithstanding paragraph (1)(D)1., the delivery of the

Buyer's Guide is required in sales of variable annuities, and when appropriate, in sales of other registered products.

3. Nothing in this rule shall limit the director's ability to enforce the provisions of this rule or to require additional disclosure;

(E) Structured settlement annuities.

(2) Definitions. For the purposes of this rule—

(A) "Buyer's Guide" means the National Association of Insurance Commissioners' (NAIC) approved *Annuity Buyer's Guide*, included herein as Appendix A. A current version of the NAIC *Annuity Buyer's Guide*, available on the NAIC website, www.naic.org, is an acceptable substitute;

(B) "Contract owner" means the owner named in the annuity contract or certificate holder in the case of a group annuity contract;

(C) "Determinable elements" means elements that are derived from processes or methods that are guaranteed at issue and not subject to company discretion, but where the values or amounts cannot be determined until some point after issue. These elements include the premiums, credited interest rates (including any bonus), benefits, values, non-interest based credits, and/or charges or elements of formulas used to determine any of these. These elements may be described as guaranteed but not determined at issue. An element is considered determinable if it was calculated from underlying determinable elements only, or from both determinable and guaranteed elements;

(D) "Generic name" means a short title descriptive of the annuity contract being applied for or illustrated such as "single premium deferred annuity;"

(E) "Guaranteed elements" means the premiums, credited interest rates (including any bonus), benefits, values, non-interest based credits, charges, or elements of formulas used to determine any of these, that are guaranteed or have determinable elements at issue. An element is considered guaranteed if all of the underlying elements that go into its calculation are guaranteed;

(F) "Illustration" means a personalized presentation or depiction prepared for and provided to an individual consumer that includes non-guaranteed elements of an annuity contract over a period of years. A sample illustration is included herein as Appendix B;

(G) "Market Value Adjustment" or "MVA" feature is a positive or negative adjustment that may be applied to the account value and/or cash value of the annuity upon withdrawal, surrender, contract annuitization, or death benefit payment based on either the movement of an external index or on the company's current guaranteed interest rate being offered on new premiums or new rates for renewal periods, if that withdrawal, surrender, contract annuitization, or death benefit payment occurs at a time other than on a specified guaranteed benefit date;

(H) "Non-guaranteed elements" means the premiums, credited interest rates (including any bonus), benefits, values, dividends, non-interest based credits, charges, or elements of formulas used to determine any of these, that are subject to company discretion and are not guaranteed at issue. An element is considered non-guaranteed if any of the underlying non-guaranteed elements are used in its calculation;

(I) "Registered product" means an annuity contract or life insurance policy subject to the prospectus delivery requirements of the Securities Act of 1933;

(J) "Structured settlement annuity" means a "qualified funding asset" as defined in Section 130(d) of the *Internal Revenue Code* or an annuity that would be a qualified funding asset under Section 130(d) but for the fact that it is not owned by an assignee under a qualified assignment.

(3) Standards for the Disclosure Document and Buyer's Guide.

(A) *(Reserved)*

1. Where the application for an annuity contract is taken in a face-to-face meeting, the applicant shall at or before the time of application be given both the disclosure document described in subsection (3)(B) of this rule and the Buyer's Guide, if any.

2. Where the application for an annuity contract is taken by means other than in a face-to-face meeting, the applicant shall be sent both the disclosure document and the Buyer's Guide no later than five (5) business days after the completed application is received by the insurer.

A. With respect to an application received as a result of a direct solicitation through the mail—

(I) Providing a Buyer's Guide in a mailing inviting prospective applicants to apply for an annuity contract shall be deemed to satisfy the requirement that the Buyer's Guide be provided no later than five (5) business days after receipt of the application;

(II) Providing a disclosure document in a mailing inviting a prospective applicant to apply for an annuity contract shall be deemed to satisfy the requirement that the disclosure document be provided no later than five (5) business days after receipt of the application.

B. With respect to an application received via the Internet—

(I) Taking reasonable steps to make the Buyer's Guide available for viewing and printing on the insurer's website shall be deemed to satisfy the requirement that the Buyer's Guide be provided no later than five (5) business days after receipt of the application;

(II) Taking reasonable steps to make the disclosure document available for viewing and printing on the insurer's website shall be deemed to satisfy the requirement that the disclosure document be provided no later than five (5) business days after receipt of the application.

C. A solicitation for an annuity contract provided in other than a face-to-face meeting shall include a statement that the proposed applicant may contact the insurance department of the state for a free annuity Buyer's Guide. In lieu of the foregoing statement, an insurer may include a statement that the prospective applicant may contact the insurer for a free annuity Buyer's Guide.

D. Where the Buyer's Guide and disclosure document are not provided at or before the time of application, a free look period of no less than fifteen (15) days shall be provided for the applicant to return the annuity contract without penalty. This free look shall run concurrently with any other free look provided under state law or rule.

(B) At a minimum, the following information shall be included in the disclosure document required to be provided under this rule:

1. The generic name of the contract, the company product name, if different, and form number, and the fact that it is an annuity;

2. The insurer's legal name, physical address, website address, and telephone number;

3. A description of the contract and its benefits, emphasizing its long-term nature, including examples where appropriate:

A. The guaranteed, and non-guaranteed elements of the contract, and their limitations, if any, including for fixed indexed annuities, the elements used to determine the index-based interest, such as the participation rates, caps or spread, and an explanation of how they operate;

B. An explanation of the initial crediting rate, or for fixed indexed annuities, an explanation of how the index-based interest is determined, specifying any bonus or introductory portion, the duration of the rate, and the fact that rates may change from time to time and are not guaranteed;

C. Periodic income options both on a guaranteed and non-guaranteed basis;

D. Any value reductions caused by withdrawals from or surrender of the contract;

E. How values in the contract can be accessed;

F. The death benefit, if available, and how it will be calculated;

G. A summary of the federal tax status of the contract and any penalties applicable on withdrawal of values from the contract; and

H. Impact of any rider, including, but not limited to, a guaranteed living benefit or long-term care rider;

4. Specific dollar amount or percentage charges and fees shall

be listed with an explanation of how they apply; and

5. Information about the current guaranteed rate or indexed crediting rate formula, if applicable, for new contracts that contains a clear notice that the rate is subject to change.

(C) Insurers shall define terms used in the disclosure statement in language that facilitates the understanding by a typical person within the segment of the public to which the disclosure statement is directed, however, insurers' definitions of terms defined in this rule may not deviate from the definitions in this rule.

(D) Failure to comply with the requirements set forth in section (3) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(4) Standards for Annuity Illustrations.

(A) An insurer or producer may elect to provide a consumer an illustration at any time, provided that the illustration is in compliance with this section and—

1. Clearly labeled as an illustration;

2. Includes a statement referring consumers to the disclosure document and Buyer's Guide provided to them in connection with their purchase for additional information about their annuity; and

3. Is prepared by the insurer or third party using software that is authorized by the insurer prior to its use, provided that the insurer maintains a system of control over the use of illustrations.

(B) An illustration furnished an applicant for a group annuity contract or contracts issued to a single applicant on multiple lives may be either an individual or composite illustration representative of the coverage on the lives of members of the group or the multiple lives covered.

(C) The illustration shall not be provided unless accompanied by the disclosure document referenced in section (3) of this rule.

(D) When using an illustration, the illustration shall not—

1. Describe non-guaranteed elements in a manner that is misleading or has the capacity or tendency to mislead;

2. State or imply that the payment or amount of non-guaranteed elements is guaranteed; or

3. Be incomplete.

(E) Costs and fees of any type shall be individually noted and explained.

(F) An illustration shall conform to the following requirements:

1. The illustration shall be labeled with the date on which it was prepared;

2. Each page, including any explanatory notes or pages, shall be numbered and show its relationship to the total number of pages in the disclosure document (e.g., the fourth page of a seven-page disclosure document shall be labeled "page 4 of 7 pages");

3. The assumed dates of premium receipt and benefit payout within a contract year shall be clearly identified;

4. If the age of the proposed insured is shown as a component of the tabular detail, it shall be issue age plus the numbers of years the contract is assumed to have been in force;

5. The assumed premium on which the illustrated benefits and values are based shall be clearly identified, including rider premium for any benefits being illustrated;

6. Any charges for riders or other contract features assessed against the account value or the crediting rate shall be recognized in the illustrated values and shall be accompanied by a statement indicating the nature of the rider benefits or the contract features, and whether or not they are included in the illustration;

7. Guaranteed death benefits and values available upon surrender, if any, for the illustrated contract premium shall be shown and clearly labeled guaranteed;

8. The non-guaranteed elements underlying the non-guaranteed illustrated values shall be no more favorable than current non-guaranteed elements and shall not include any assumed future improvement of such elements. Additionally, non-guaranteed elements used

in calculating non-guaranteed illustrated values at any future duration shall reflect any planned changes, including any planned changes that may occur after expiration of an initial guaranteed or bonus period;

9. In determining the non-guaranteed illustrated values for a fixed indexed annuity, the index-based interest rate and account value shall be calculated for three (3) different scenarios: one (1) to reflect historical performance of the index for the most recent ten (10) calendar years; one (1) to reflect the historical performance of the index for the continuous period of ten (10) calendar years out of the last twenty (20) calendar years that would result in the least index value growth (the "low scenario"); one (1) to reflect the historical performance of the index for the continuous period of ten (10) calendar years out of the last twenty (20) calendar years that would result in the most index value growth (the "high scenario"). The following requirements apply:

A. The most recent ten (10) calendar years and the last twenty (20) calendar years are defined to end on the prior December 31, except for illustrations prepared during the first three (3) months of the year, for which the end date of the calendar year period may be the December 31 prior to the last full calendar year;

B. If any index utilized in determination of an account value has not been in existence for at least ten (10) calendar years, indexed returns for that index shall not be illustrated. If the fixed indexed annuity provides an option to allocate account value to more than one (1) indexed or fixed declared rate account, and one (1) or more of those indexes has not been in existence for at least ten (10) calendar years, the allocation to such indexed account(s) shall be assumed to be zero;

C. If any index utilized in determination of an account value has been in existence for at least ten (10) calendar years but less than twenty (20) calendar years, the ten (10) calendar year periods that define the low and high scenarios shall be chosen from the exact number of years the index has been in existence;

D. The non-guaranteed element(s), such as caps, spreads, participation rates, or other interest crediting adjustments, used in calculating the non-guaranteed index-based interest rate shall be no more favorable than the corresponding current element(s);

E. If a fixed indexed annuity provides an option to allocate the account value to more than one indexed or fixed declared rate account—

(I) The allocation used in the illustration shall be the same for all three (3) scenarios; and

(II) The ten (10) calendar year periods resulting in the least and greatest index growth periods shall be determined independently for each indexed account option;

F. The geometric mean annual effective rate of the account value growth over the ten (10) calendar year period shall be shown for each scenario;

G. If the most recent ten (10) calendar year historical period experience of the index is shorter than the number of years needed to fulfill the requirement of subsection (4)(H), the most recent ten (10) calendar year historical period experience of the index shall be used for each subsequent ten (10) calendar year period beyond the initial period for the purpose of calculating the account value for the remaining years of the illustration;

H. The low and high scenarios: 1) need not show surrender values (if different than account values); 2) shall not extend beyond ten (10) calendar years (and therefore are not subject to the requirements of subsection (4)(H) beyond subparagraph (4)(H)1.A.; and 3) may be shown on a separate page. A graphical presentation shall also be included comparing the movement of the account value over the ten (10) calendar year period for the low scenario, the high scenario and the most recent ten (10) calendar year scenario; and

I. The low and high scenarios should reflect the irregular nature of the index performance and should trigger every type of adjustment to the index-based interest rate under the contract. The effect of the adjustments should be clear; for example, additional columns showing how the adjustment applied may be included. If an

adjustment to the index-based interest rate is not triggered in the illustration (because no historical values of the index in the required illustration range would have triggered it), the illustration shall so state;

10. The guaranteed elements, if any, shall be shown before corresponding non-guaranteed elements and shall be specifically referred to on any page of an illustration that shows or describes only the non-guaranteed elements (e.g., “see page 1 for guaranteed elements”);

11. The account or accumulation value of a contract, if shown, shall be identified by the name this value is given in the contract being illustrated and shown in close proximity to the corresponding value available upon surrender;

12. The value available upon surrender shall be identified by the name this value is given in the contract being illustrated and shall be the amount available to the contract owner in a lump sum after deduction of surrender charges, bonus forfeitures, contract loans, contract loan interest, and application of any market value adjustment, as applicable;

13. Illustrations may show contract benefits and values in graphic or chart form in addition to the tabular form;

14. Any illustration of non-guaranteed elements shall be accompanied by a statement indicating that—

A. The benefits and values are not guaranteed;

B. The assumptions on which they are based are subject to change by the insurer; and

C. Actual results may be higher or lower;

15. Illustrations based on non-guaranteed credited interest and non-guaranteed annuity income rates shall contain equally prominent comparisons to guaranteed credited interest and guaranteed annuity income rates, including any guaranteed and non-guaranteed participation rates, caps, or spreads for fixed indexed annuities;

16. The annuity income rate illustrated shall not be greater than the current annuity income rate unless the contract guarantees are in fact more favorable;

17. Illustrations shall be concise and easy to read;

18. Key terms shall be defined and then used consistently throughout the illustration;

19. Illustrations shall not depict values beyond the maximum annuitization age or date;

20. Annuitization benefits shall be based on contract values that reflect surrender charges or any other adjustments, if applicable; and

21. Illustrations shall show both annuity income rates per one thousand dollars (\$1000.00) and the dollar amounts of the periodic income payable.

(G) An annuity illustration shall include a narrative summary that includes the following unless there is provided at the same time in a disclosure document:

1. A brief description of any contract features, riders or options, guaranteed and/or nonguaranteed, shown in the basic illustration and the impact each may have on the benefits and values of the contract;

2. A brief description of any other optional benefits or features that are selected, but not shown in the illustration and the impact each has on the benefits and values of the contract;

3. Identification and a brief definition of column headings and key terms used in the illustration;

4. A statement containing in substance the following:

A. For other than fixed indexed annuities—

(I) This illustration assumes the annuity’s current nonguaranteed elements will not change. It is likely that they will change and actual values will be higher or lower than those in this illustration but will not be less than the minimum guarantees;

(II) The values in this illustration are *not* guarantees or even estimates of the amounts you can expect from your annuity. Please review the entire Disclosure Document and Buyer’s Guide provided with your Annuity Contract for more detailed information;

B. For fixed indexed annuities—

(I) This illustration assumes the index will repeat historical

performance and that the annuity’s current non-guaranteed elements, such as caps, spreads, participation rates, or other interest crediting adjustments, will not change. It is likely that the index *will not* repeat historical performance, the non-guaranteed elements *will* change, and actual values will be higher or lower than those in this illustration but will not be less than the minimum guarantees;

(II) The values in this illustration are *not* guarantees or even estimates of the amounts you can expect from your annuity. Please review the entire Disclosure Document and Buyer’s Guide provided with your Annuity Contract for more detailed information; and

5. Additional explanations as follows:

A. Minimum guarantees shall be clearly explained;

B. The effect on contract values of contract surrender prior to maturity shall be explained;

C. Any conditions on the payment of bonuses shall be explained;

D. For annuities sold as an IRA, qualified plan, or in another arrangement subject to the required minimum distribution (RMD) requirements of the Internal Revenue Code, the effect of RMDs on the contract values shall be explained;

E. For annuities with recurring surrender charge schedules, a clear and concise explanation of what circumstances will cause the surrender charge to recur; and

F. A brief description of the types of annuity income options available shall be explained, including:

(I) The earliest or only maturity date for annuitization (as the term is defined in the contract);

(II) For contracts with an optional maturity date, the periodic income amount for at least one (1) of the annuity income options available based on the guaranteed rates in the contract, at the later of age seventy (70) or ten (10) years after issue, but in no case later than the maximum annuitization age or date in the contract;

(III) For contracts with a fixed maturity date, the periodic income amount for at least one (1) of the annuity income options available, based on the guaranteed rates in the contract at the fixed maturity date; and

(IV) The periodic income amount based on the currently available periodic income rates for the annuity income option in part (4)(G)5.F.(II) or part (4)(G)5.F.(III), if desired.

(H) Following the narrative summary, an illustration shall include a numeric summary which shall include at minimum, numeric values at the following durations:

1. (Reserved)

A. First ten (10) contract years; or

B. Surrender charge period if longer than ten (10) years, including any renewal surrender charge period(s);

2. Every tenth contract year up to the later of thirty (30) years or age seventy (70); and

3. (Reserved)

A. Required annuitization age; or

B. Required annuitization date.

(I) If the annuity contains a MVA, the following provisions apply to the illustration:

1. The MVA shall be referred to as such throughout the illustration;

2. The narrative shall include an explanation, in simple terms, of the potential effect of the MVA on the value available upon surrender;

3. The narrative shall include an explanation, in simple terms, of the potential effect of the MVA on the death benefit;

4. A statement, containing in substance the following, shall be included:

A. When you make a withdrawal the amount you receive may be increased or decreased by a Market Value Adjustment (MVA). If interest rates on which the MVA is based go up after you buy your annuity, the MVA likely will decrease the amount you receive. If interest rates go down, the MVA will likely increase the amount you

receive;

5. Illustrations shall describe both the upside and the downside aspects of the contract features relating to the MVA;

6. The illustrative effect of the MVA shall be shown under at least one (1) positive and one (1) negative scenario. This demonstration shall appear on a separate page and be clearly labeled that it is information demonstrating the potential impact of a MVA;

7. Actual MVA floors and ceilings as listed in the contract shall be illustrated; and

8. If the MVA has significant characteristics not addressed by paragraphs (4)(I)1.-(4)(I)6., the effect of such characteristics shall be shown in the illustration.

(J) A narrative summary for a fixed indexed annuity illustration also shall include the following unless provided at the same time in a disclosure document:

1. An explanation, in simple terms, of the elements used to determine the index-based interest, including, but not limited to, the following elements:

A. The Index(es) which will be used to determine the index-based interest;

B. The Indexing Method – such as point-to-point, daily averaging, monthly averaging;

C. The Index Term – the period over which indexed-based interest is calculated;

D. The Participation Rate, if applicable;

E. The Cap, if applicable; and

F. The Spread, if applicable;

2. The narrative shall include an explanation, in simple terms, of how index-based interest is credited in the indexed annuity;

3. The narrative shall include a brief description of the frequency with which the company can re-set the elements used to determine the index-based credits, including the participation rate, the cap, and the spread, if applicable; and

4. If the product allows the contract holder to make allocations to declared-rate segment, then the narrative shall include a brief description of—

A. Any options to make allocations to a declared-rate segment, both for new premiums and for transfers from the indexed-based segments; and

B. Differences in guarantees applicable to the declared-rate segment and the indexed-based segments.

(K) A numeric summary for a fixed indexed annuity illustration shall include, at a minimum, the following elements:

1. The assumed growth rate of the index in accordance with paragraph (4)(F)9.;

2. The assumed values for the participation rate, cap, and spread, if applicable; and

3. The assumed allocation between indexed-based segments and declared-rate segment, if applicable, in accordance with paragraph (4)(F)9.

(L) If the contract is issued other than as applied for, a revised illustration conforming to the contract as issued shall be sent with the contract, except that non-substantive changes, including, but not limited to, changes in the amount of expected initial or additional premiums and any changes in amounts of exchanges pursuant to Section 1035 of the *Internal Revenue Code*, rollovers or transfers, which do not alter the key benefits and features of the annuity as applied for will not require a revised illustration unless requested by the applicant.

(M) Failure to comply with the requirements set forth in section (4) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(5) Report to Contract Owners. For annuities in the payout period that include non-guaranteed elements, and for deferred annuities in the accumulation period, the insurer shall provide each contract

owner with a report, at least annually, on the status of the contract that contains at least the following information:

(A) The beginning and end date of the current report period;

(B) The accumulation and cash surrender value, if any, at the end of the previous report period and at the end of the current report period;

(C) The total amounts, if any, that have been credited, charged to the contract value, or paid during the current report period; and

(D) The amount of outstanding loans, if any, as of the end of the current report period.

(E) Failure to comply with the requirements set forth in section (5) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies as those terms are used in section 375.936(4) and (6), RSMo.

(6) Separability. If any provision of this rule or its application to any person or circumstance is for any reason held to be invalid by any court of law, the remainder of the rule and its application to other persons or circumstances shall not be affected.

(7) Recordkeeping. Insurers or insurance producers shall maintain or be able to make available to the director records of the information collected from the consumer and other information provided in the disclosure statement (including illustrations) for not less than three (3) years after the contract is delivered by the insurer. An insurer is permitted, but shall not be required, to maintain documentation on behalf of an insurance producer. Records required to be maintained by this rule may be maintained in paper, photographic, microprocess, magnetic, mechanical or electronic media, or by any process that accurately reproduces the actual document.

APPENDIX A

Buyer's Guide for **Deferred Annuities**



Prepared by the

NAIC

National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

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NAIC Buyer's Guide for Deferred Annuities

It's important that you understand how annuities can be different from each other so you can choose the type of annuity that's best for you. The purpose of this Buyer's Guide is to help you do that. This Buyer's Guide isn't meant to offer legal, financial, or tax advice. You may want to consult independent advisors that specialize in these areas.

This Buyer's Guide is about deferred annuities in general and some of their most common features. It's not about any particular annuity product. The annuity you select may have unique features this Guide doesn't describe. It's important for you to carefully read the material you're given or ask your annuity salesperson, especially if you're interested in a particular annuity or specific annuity features.

This Buyer's Guide includes questions you should ask the insurance company or the annuity salesperson (the agent, producer, broker, or advisor). Be sure you're satisfied with the answers before you buy an annuity.

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Buyer's Guide for Deferred Annuities

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Buyer's Guide for Deferred Annuities

What Is an Annuity?

An annuity is a contract with an insurance company. All annuities have one feature in common, and it makes annuities different from other financial products. *With an annuity, the insurance company promises to pay you income on a regular basis for a period of time you choose—including the rest of your life.*

When Annuities Start to Make Income Payments

Some annuities begin paying income to you soon after you buy it (an **immediate** annuity). Others begin at some later date you choose (a **deferred** annuity).

How Deferred Annuities Are Alike

There are ways that *most* deferred annuities are alike.

- They have an **accumulation** period and a **payout** period. During the accumulation period, the value of your annuity changes based on the type of annuity. During the payout period, the annuity makes income payments to you.
- They offer a basic death benefit. If you die during the accumulation period, a deferred annuity with a basic death benefit pays some or all of the annuity's value to your survivors (called beneficiaries) either in one payment or multiple payments over time. The amount is usually the greater of the annuity account value or the minimum guaranteed surrender value. If you die after you begin to receive income payments (**annuitize**), your chosen survivors may not receive anything *unless*: 1) your annuity guarantees to pay out at least as much as you paid into the annuity, or 2) you chose a payout option that continues to make payments after your death. For an extra cost, you may be able to choose enhanced death benefits that increase the value of the basic death benefit.

Sources of Information

Contract: The legal document between you and the insurance company that binds both of you to the terms of the agreement.

Disclosure: A document that describes the key features of your annuity, including what is guaranteed and what isn't, and your annuity's fees and charges. If you buy a variable annuity, you'll receive a prospectus that includes detailed information about investment objectives, risks, charges, and expenses.

Illustration: A personalized document that shows how your annuity features might work. Ask what is guaranteed and what isn't and what assumptions were made to create the illustration.

- You usually have to pay a charge (called a **surrender** or **withdrawal charge**) if you take some or all of your money out too early (usually before a set time period ends). Some annuities may not charge if you withdraw small amounts (for example, 10% or less of the account value) each year.
- Any money your annuity earns is **tax deferred**. That means you won't pay income tax on earnings until you take them out of the annuity.
- You can add features (called **riders**) to many annuities, usually at an extra cost.
- An annuity salesperson must be licensed by your state insurance department. A person selling a variable annuity also must be registered with FINRA¹ as a representative of a broker/dealer that's a FINRA member. In some states, the state securities department also must license a person selling a variable annuity.

1. FINRA (Financial Industry Regulatory Authority) regulates the companies and salespeople who sell variable annuities.

Buyer's Guide for Deferred Annuities

- Insurance companies sell annuities. You want to buy from an insurance company that's financially sound. There are various ways you can research an insurance company's financial strength. You can visit the insurance company's website or ask your annuity salesperson for more information. You also can review an insurance company's rating from an independent rating agency. Four main firms currently rate insurance companies. They are A.M. Best Company, Standard and Poor's Corporation, Moody's Investors Service, and Fitch Ratings. Your insurance department may have more information about insurance companies. An easy way to find contact information for your insurance department is to visit www.naic.org and click on "States and Jurisdictions Map."
- Insurance companies usually pay the annuity salesperson after the sale, but the payment doesn't reduce the amount you pay into the annuity. You can ask your salesperson how they earn money from the sale.

How Deferred Annuities Are Different

There are differences among deferred annuities. Some of the differences are:

- Whether you pay for the annuity with one or more than one payment (called a **premium**).
- The types and amounts of the **fees, charges, and adjustments**. While almost all annuities have *some* fees and charges that could reduce your account value, the types and amounts can be different among annuities. *Read the Fees, Charges, and Adjustments section in this Buyer's Guide for more information.*
- Whether the annuity is a **fixed** annuity or a **variable** annuity. How the value of an annuity changes is different depending on whether the annuity is fixed or variable.

Fixed annuities guarantee your money will earn at least a minimum interest rate. Fixed annuities may earn interest at a rate higher than the minimum but only the minimum rate is guaranteed. The insurance company sets the rates.

Fixed indexed annuities are a type of fixed annuity that earns interest based on changes in a market index, which measures how the market or part of the market performs. The interest rate is guaranteed to never be less than zero, even if the market goes down.

Variable annuities earn investment returns based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. The return earned in a variable annuity isn't guaranteed. The value of the subaccounts you choose could go up or down. If they go up, you could make money. But, if the value of these subaccounts goes down, you could lose money. Also, income payments to you could be less than you expected.

- Some annuities offer a **premium bonus**, which usually is a lump sum amount the insurance company adds to your annuity when you buy it or when you add money. It's usually a set percentage of the amount you put into the annuity. Other annuities offer an **interest bonus**, which is an amount the insurance company adds to your annuity when you earn interest. It's usually a set percentage of the interest earned. You may not be able to withdraw some or all of your premium bonus for a set period of time. *Also, you could lose the bonus if you take some or all of the money out of your annuity within a set period of time.*

Buyer's Guide for Deferred Annuities

How Does the Value of a Deferred Annuity Change?

Fixed Annuities

Money in a fixed deferred annuity earns interest at a rate the insurer sets. The rate is **fixed** (won't change) for some period, usually a year. After that rate period ends, the insurance company will set another fixed interest rate for the next rate period. *That rate could be higher or lower than the earlier rate.*

Fixed deferred annuities *do* have a guaranteed minimum interest rate—the lowest rate the annuity can earn. It's stated in your contract and disclosure and can't change as long as you own the annuity. Ask about:

- The **initial interest rate** – What is the rate? How long until it will change?
- The **renewal interest rate** – When will it be announced? How will the insurance company tell you what the new rate will be?

Fixed Indexed Annuities

Money in a fixed indexed annuity earns interest based on changes in an index. Some indexes are measures of how the overall financial markets perform (such as the S&P 500 Index or Dow Jones Industrial Average) during a set period of time (called the **index term**). Others measure how a specific financial market performs (such as the Nasdaq) during the term. The insurance company uses a formula to determine how a change in the index affects the amount of interest to add to your annuity at the **end of each index term**. Once interest is added to your annuity for an index term, those earnings usually are locked in and changes in the index in the next index term don't affect them. If you take money from an indexed annuity before an index term ends, *the annuity may not add all of the index-linked interest for that term to your account.*

Insurance companies use different formulas to calculate the interest to add to your annuity. They look at changes in the index over a period of time. See the box "**Fixed Deferred Indexed Formulas**" that describes how changes in an index are used to calculate interest.

The formulas insurance companies use often mean that interest added to your annuity is based on only *part* of a change in an index over a set period of time. **Participation rates, cap rates, and spread rates** (sometimes called margin or asset fees) all are terms that describe ways the amount of interest added to your annuity may not reflect the full change in the index. *But if the index goes down over that period, zero interest is added to your annuity.* Then your annuity value won't go down as long as you don't withdraw the money.

When you buy an indexed annuity, you aren't investing directly in the market or the index. Some indexed annuities offer you more than one index choice. Many indexed annuities also offer the choice to put part of your money in a fixed interest rate account, with a rate that won't change for a set period.

Fixed Deferred Indexed Formulas

Annual Point-to-Point – Change in index calculated using two dates one year apart.

Multi-Year Point-to-Point – Change in index calculated using two dates more than one year apart.

Monthly or Daily Averaging – Change in index calculated using multiple dates (one day of every month for monthly averaging, every day the market is open for daily averaging). The average of these values is compared with the index value at the start of the index term.

Monthly Point-to-Point – Change in index calculated for each month during the index term. Each monthly change is limited to the "cap rate" for positive changes, but not when the change is negative. At the end of the index term, all monthly changes (positive and negative) are added. If the result is positive, interest is added to the annuity. If the result is negative or zero, no interest (0%) is added.

Buyer's Guide for Deferred Annuities

Variable Annuities

Money in a variable annuity earns a return based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. Your investment choices likely will include subaccounts with different types and levels of risk. Your choices will affect the return you earn on your annuity. Subaccounts usually have no guaranteed return, but you may have a choice to put some money in a fixed interest rate account, with a rate that won't change for a set period.

The value of your annuity can change every day as the subaccounts' values change. If the subaccounts' values increase, your annuity earns money. But *there's no guarantee that the values of the subaccounts will increase. If the subaccounts' values go down, you may end up with less money in your annuity than you paid into it.*

An insurer may offer several versions of a variable deferred annuity product. The different versions usually are identified as **share classes**. The key differences between the versions are the fees you'll pay every year you own the annuity. The rules that apply if you take money out of the annuity also may be different. Read the prospectus carefully. Ask the annuity salesperson to explain the differences among the versions.

How Insurers Determine Indexed Interest

Participation Rate – Determines how much of the increase in the index is used to calculate index-linked interest. A participation rate usually is for a set period. The period can be from one year to the entire term. Some companies guarantee the rate can never be lower (higher) than a set minimum (maximum). Participation rates are often less than 100%, particularly when there's no cap rate.

Cap Rate – Typically, the maximum rate of interest the annuity will earn during the index term. Some annuities guarantee that the cap rate will never be lower (higher) than a set minimum (maximum). Companies often use a cap rate, especially if the participation rate is 100%.

Spread Rate – A set percentage the insurer subtracts from any change in the index. Also called a "margin or asset fee." Companies may use this instead of or in addition to a participation or cap rate.

What Other Information Should You Consider?

Fees, Charges, and Adjustments

Fees and charges reduce the value of your annuity. They help cover the insurer's costs to sell and manage the annuity and pay benefits. The insurer may subtract these costs directly from your annuity's value. Most annuities have fees and charges but they can be different for different annuities. Read the contract and disclosure or prospectus carefully and ask the annuity salesperson to describe these costs.

A **surrender or withdrawal charge** is a charge if you take part or all of the money out of your annuity during a set period of time. The charge is a percentage of the amount you take out of the annuity. The percentage usually goes down each year until the surrender charge period ends. Look at the contract and the disclosure or prospectus for details about the charge. Also look for any waivers for events (such as a death) or the right to take out a small amount (usually up to 10%) each year without paying the charge. If you take all of your money out of an annuity, you've surrendered it and no longer have any right to future income payments.

Some annuities have a **Market Value Adjustment (MVA)**. An MVA could increase or decrease your annuity's account value, cash surrender value, and/or death benefit value if you withdraw money from your account. In general, if interest rates are *lower* when you

Fees, Charges, and Adjustments

Buyer's Guide for Deferred Annuities

How Annuities Make Payments

withdraw money than they were when you bought the annuity, the MVA could *increase* the amount you could take from your annuity. If interest rates are *higher* than when you bought the annuity, the MVA could *reduce* the amount you could take from your annuity. Every MVA calculation is different. Check your contract and disclosure or prospectus for details.

How Annuities Make Payments

Annuitize

At some future time, you can choose to **annuitize** your annuity and start to receive guaranteed fixed income payments for life or a period of time you choose. After payments begin, you can't take any other money out of the annuity. You also usually can't change the amount of your payments. For more information, see "*Payout Options*" in this Buyer's Guide. If you die before the payment period ends, your survivors may not receive any payments, depending on the payout option you choose.

Full Withdrawal

You can withdraw the cash surrender value of the annuity in a lump sum payment and end your annuity. *You'll likely pay a charge to do this if it's during the surrender charge period.* If you withdraw your annuity's cash surrender value, your annuity is cancelled. Once that happens, you can't start or continue to receive regular income payments from the annuity.

Partial Withdrawal

You may be able to withdraw *some* of the money from the annuity's cash surrender value without ending the annuity. Most annuities with surrender charges let you take out a certain amount (usually up to 10%) each year without paying surrender charges on that amount. Check your contract and disclosure or prospectus. Ask your annuity salesperson about other ways you can take money from the annuity without paying charges.

Living Benefits for Fixed Annuities

Some fixed annuities, especially fixed indexed annuities, offer a **guaranteed living benefits** rider, usually at an extra cost. A common type is called a guaranteed lifetime withdrawal benefit that guarantees to make income payments you can't outlive. While you get payments, the money still in your annuity continues to earn interest. You can choose to stop and restart the payments or you might be able to take extra money from your annuity. Even if the payments reduce the annuity's value to zero at some point, you'll continue to get payments for the rest of your life. If you die while receiving payments, your survivors may get some or all of the money left in your annuity.

Annuity Fees and Charges

Contract fee – A flat dollar amount or percentage charged once or annually.

Percentage of purchase payment – A front-end sales load or other charge deducted from each premium paid. The percentage may vary over time.

Premium tax – A tax some states charge on annuities. The insurer may subtract the amount of the tax when you pay your premium, when you withdraw your contract value, when you start to receive income payments, or when it pays a death benefit to your beneficiary.

Transaction fee – A charge for certain transactions, such as transfers or withdrawals.

Mortality and expense (M&E) risk charge – A fee charged on **variable annuities**. It's a percentage of the account value invested in subaccounts.

Underlying fund charges – Fees and charges on a **variable annuity's** subaccounts; may include an investment management fee, distribution and service (12b-1) fees, and other fees.

Buyer's Guide for Deferred Annuities

Living Benefits for Variable Annuities

Variable annuities may offer a benefit at an extra cost that guarantees you a minimum account value, a minimum lifetime income, or minimum withdrawal amounts regardless of how your subaccounts perform. See *"Variable Annuity Living Benefit Options"* at right. Check your contract and disclosure or prospectus or ask your annuity salesperson about these options.

How Annuities Are Taxed

Ask a tax professional about your individual situation. The information below is general and should not be considered tax advice.

Current federal law gives annuities special tax treatment. Income tax on annuities is deferred. That means you aren't taxed on any interest or investment returns while your money is in the annuity. This isn't the same as tax-free. You'll pay ordinary income tax when you take a withdrawal, receive an income stream, or receive each annuity payment. When you die, your survivors will typically owe income taxes on any death benefit they receive from an annuity.

There are other ways to save that offer tax advantages, including Individual Retirement Accounts (IRAs). You can buy an annuity to fund an IRA, *but you also can fund your IRA other ways and get the same tax advantages.* When you take a withdrawal or receive payments, you'll pay ordinary income tax on all of the money you receive (not just the interest or the investment return). You also may have to pay a 10% tax penalty if you withdraw money before you're age 59½.

Finding an Annuity That's Right for You

An annuity salesperson who suggests an annuity must choose one that they think is right for you, based on information from you. They need complete information about your life and financial situation to make a suitable recommendation. Expect a salesperson to ask about your age; your financial situation (assets, debts, income, tax status, how you plan to pay for the annuity); your tolerance for risk; your financial objectives and experience; your family circumstances; and how you plan to use the annuity. If you aren't comfortable with the annuity, ask your annuity salesperson to explain why they recommended it. Don't buy an annuity you don't understand or that doesn't seem right for you.

Variable Annuity Living Benefit Options

Guaranteed Minimum Accumulation Benefit (GMAB) – Guarantees your account value will equal some percentage (typically 100%) of premiums less withdrawals, at a set future date (for example, at maturity). If your annuity is worth less than the guaranteed amount at that date, your insurance company will add the difference.

Guaranteed Minimum Income Benefit (GMIB) – Guarantees a minimum lifetime income. You usually must choose this benefit when you buy the annuity and must annuitize to use the benefit. There may be a waiting period before you can annuitize using this benefit.

Guaranteed Lifetime Withdrawal Benefit (GLWB) – Guarantees you can make withdrawals for the rest of your life, up to a set maximum percentage each year.

Payout Options

You'll have a choice about how to receive income payments. These choices usually include:

- For your lifetime
- For the longer of your lifetime or your spouse's lifetime
- For a set time period
- For the longer of your lifetime or a set time period

Buyer's Guide for Deferred Annuities

Within each annuity, the insurer *may* guarantee some values but not others. Some guarantees may be only for a year or less while others could be longer. Ask about risks and decide if you can accept them. For example, it's possible you won't get all of your money back *or* the return on your annuity may be lower than you expected. It's also possible you won't be able to withdraw money you need from your annuity without paying fees *or* the annuity payments may not be as much as you need to reach your goals. These risks vary with the type of annuity you buy. All product guarantees depend on the insurance company's financial strength and claims-paying ability.

Questions You Should Ask

- Do I understand the risks of an annuity? Am I comfortable with them?
- How will this annuity help me meet my overall financial objectives and time horizon?
- Will I use the annuity for a long-term goal such as retirement? If so, how could I achieve that goal if the income from the annuity isn't as much as I expected it to be?
- What features and benefits in the annuity, other than tax deferral, make it appropriate for me?
- Does my annuity offer a guaranteed minimum interest rate? If so, what is it?
- If the annuity includes riders, do I understand how they work?
- Am I taking full advantage of all of my other tax-deferred opportunities, such as 401(k)s, 403(b)s, and IRAs?
- Do I understand all of the annuity's fees, charges, and adjustments?
- Is there a limit on how much I can take out of my annuity each year without paying a surrender charge? Is there a limit on the *total* amount I can withdraw during the surrender charge period?
- Do I intend to keep my money in the annuity long enough to avoid paying any surrender charges?
- Have I consulted a tax advisor and/or considered how buying an annuity will affect my tax liability?
- How do I make sure my chosen survivors (beneficiaries) will receive any payment from my annuity if I die?

If you don't know the answers or have other questions, ask your annuity salesperson for help.

When You Receive Your Annuity Contract

When you receive your annuity contract, carefully review it. Be sure it matches your understanding. Also, read the disclosure or prospectus and other materials from the insurance company. Ask your annuity salesperson to explain anything you don't understand. In many states, a law gives you a set number of days (usually 10 to 30 days) to change your mind about buying an annuity after you receive it. This often is called a **free look** or **right to return** period. Your contract and disclosure or prospectus should prominently state your free look period. If you decide during that time that you don't want the annuity, you can contact the insurance company and return the contract. Depending on the state, you'll either get back all of your money or your current account value.

APPENDIX B

Model Regulation Service—2nd Quarter 2015

Annuity Illustration Example

[The following illustration is an example only

And does not reflect specific characteristics of any actual product for sale by any company]

ABC Life Insurance Company

Company Product Name

Flexible Premium Fixed Deferred Annuity with a Market Value Adjustment (MVA)

An Illustration Prepared for John Doe by John Agent on mm/dd/yyyy

(Contact us at Policyownerservice@ABCLife.com or 555-555-5555)

Sex: Male	Initial Premium Payment: \$100,000.00
Age at Issue: 54	Planned Annual Premium Payments: None
Annuitant: John Doe	Tax Status: Nonqualified
Oldest Age at Which Annuity Payments Can Begin: 95	Withdrawals: None Illustrated

Initial Interest Guarantee Period	5 Years
Initial Guaranteed Interest Crediting Rates	
First Year (reflects first year only interest bonus credit of 0.75%):	4.15%
Remainder of Initial Interest Guarantee Period:	3.40%
Market Value Adjustment Period:	5 Years
Minimum Guaranteed Interest Rate after Initial Interest Guarantee Period *:	3%

* After the Initial Interest Guarantee Period, a new interest rate will be declared annually. This rate cannot be lower than the Minimum Guaranteed Interest Rate.

Annuity Income Options and Illustrated Monthly Income Values

This annuity is designed to pay an income that is guaranteed to last as long as the Annuitant lives. When annuity income payments are to begin, the income payment amounts will be determined by applying an annuity income rate to the annuity Account Value.

Annuity Income options include the following:

- Periodic payments for Annuitant's life
- Periodic payments for Annuitant's life with payments guaranteed for a certain number of years
- Periodic payments for Annuitant's life with payments continuing for the life of a survivor annuitant

Illustrated Annuity Income Option: Monthly payments for annuitant's life with payments guaranteed for 10-year period.
Assumed Age When Payments Start: 70

	Account Value	Monthly Annuity Income Rate/\$1,000 of Account Value *	Monthly Annuity Income
Based on Rates Guaranteed in the Contract	\$164,798	\$5.00	\$823.99
Based on Rates Currently Offered by the Company	\$171,976	\$6.50	\$1,117.84

* If, at the time of annuitization, the annuity income rates currently offered by the company are higher than the annuity income rates guaranteed in the contract, the current rates will apply.

Annuity Disclosure Model Regulation

ABC Life Insurance Company

Company Product Name

Flexible Premium Fixed Deferred Annuity with a Market Value Adjustment (MVA)

An Illustration Prepared for John Doe by John Agent on mm/dd/yyyy

Contact us at Policyownerservice@ABCLife.com or 555-555-5555

Contract Year/Age	Premium Payment	Values Based on Guaranteed Rates				Values Based on Assumption that Initial Guaranteed Rates Continue		
		Interest Crediting Rate	Account Value	Cash Surrender Value Before MVA	Minimum Cash Surrender Value After MVA	Interest Crediting Rate	Account Value	Cash Surrender Value Before and After MVA
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 / 55	\$ 100,000	4.15%	\$ 104,150	\$ 95,818	\$ 92,000	4.15%	\$ 104,150	\$ 95,818
2 / 56	0	3.40%	107,691	100,153	93,000	3.40%	107,691	100,153
3 / 57	0	3.40%	111,353	104,671	95,614	3.40%	111,353	104,671
4 / 58	0	3.40%	115,139	109,382	98,482	3.40%	115,139	109,382
5 / 59	0	3.40%	119,053	114,291	114,291	3.40%	119,053	114,291
6 / 60	0	3.00%	122,625	118,946	118,946	3.40%	123,101	119,408
7 / 61	0	3.00%	126,304	123,778	123,778	3.40%	127,287	124,741
8 / 62	0	3.00%	130,093	130,093	130,093	3.40%	131,614	131,614
9 / 63	0	3.00%	133,996	133,996	133,996	3.40%	136,089	136,089
10 / 64	0	3.00%	138,015	138,015	138,015	3.40%	140,716	140,716
11 / 65	0	3.00%	142,156	142,156	142,156	3.40%	145,501	145,501
16 / 70	0	3.00%	164,798	164,798	164,798	3.40%	171,976	171,976
21 / 75	0	3.00%	191,046	191,046	191,046	3.40%	203,268	203,268
26 / 80	0	3.00%	221,474	221,474	221,474	3.40%	240,255	240,255
31 / 85	0	3.00%	256,749	256,749	256,749	3.40%	283,972	283,972
36 / 90	0	3.00%	297,643	297,643	297,643	3.40%	335,643	335,643
41 / 95	0	3.00%	345,050	345,050	345,050	3.40%	396,717	396,717

For column descriptions, turn to page 245-17

Model Regulation Service—2nd Quarter 2015

Column Descriptions

- (1) **Ages** shown are measured from the Annuitant's age at issue
- (2) **Premium Payments** are assumed to be made at the beginning of the Contract Year shown

Values Based on Guaranteed Rates

- (3) **Interest Crediting Rates** shown are annual rates; however, interest is credited daily. During the Initial Interest Guarantee Period, values developed from the Initial Premium Payment are illustrated using the Initial Guaranteed Interest Rate(s) declared by the insurance company, which include an additional first year only interest bonus credit of 0.75%. The interest rates will be guaranteed for the Initial Interest Guarantee Period, subject to an MVA. After the Initial Interest Guarantee Period, a new renewal interest rate will be declared annually, but can never be less than the Minimum Guaranteed Interest Rate shown.
- (4) **Account Value** is the amount you have at the end of each year if you leave your money in the contract until you start receiving annuity payments. It is also the amount available upon the Annuitant's death if it occurs before annuity payments begin. The death benefit is not affected by surrender charges or the MVA.
- (5) **Cash Surrender Value Before MVA** is the amount available at the end of each year if you surrender the contract (after deduction of any Surrender Charge) but before the application of any MVA. Surrender charges are applied to the Account Value according to the schedule below until the surrender charge period ends, which may be after the Initial Interest Guarantee Period has ended.

Years Measured from Premium Payment:	1	2	3	4	5	6	7	8+
Surrender Charges:	8%	7%	6%	5%	4%	3%	2%	0%

- (6) **Minimum Cash Surrender Value After MVA** is the minimum amount available at the end of each year if you surrender your contract before the end of five years, no matter what the MVA is. The minimum is set by law. The amount you receive may be higher or lower than the cash surrender value due to the application of the MVA, but never lower than this minimum. Otherwise the MVA works as follows: If the interest rate available on new contracts offered by the company is LOWER than your Initial Guaranteed Interest Rate, the MVA will INCREASE the amount you receive. If the interest rate available on new contracts offered by the company is HIGHER than your initial guaranteed interest rate, the MVA will DECREASE the amount you receive. Page 4 of this illustration provides additional information concerning the MVA.

Values Based on Assumption that Initial Guaranteed Rates Continue

- (7) **Interest Crediting Rates** are the same as in Column (3) for the Initial Interest Guarantee Period. After the Initial Interest Guarantee Period, a new renewal interest rate will be declared annually. For the purposes of calculating the values in this column, it is assumed that the Initial Guaranteed Interest Rate (without the bonus) will continue as the new renewal interest rate in all years. The actual renewal interest rates are not subject to an MVA and will very likely NOT be the same as the illustrated renewal interest rates.
- (8) **Account Value** is calculated the same way as column (4).
- (9) **Cash Surrender Value Before and After MVA** is the Cash Surrender Value at the end of each year assuming that Initial Guaranteed Interest Rates continue, and that the continuing rates are the rates offered by the company on new contracts. In this case the MVA would be zero, and Cash Surrender Values before and after the MVA would be the same.

Important Note: This illustration assumes you will take no withdrawals from your annuity before you begin to receive periodic income payments. Withdrawals will reduce both the annuity Account Value and the Cash Surrender Value. You may make partial withdrawals of up to 10% of your account value each contract year without paying surrender charges. Excess withdrawals (above 10%) and full withdrawals will be subject to surrender charges.

This illustration assumes the annuity's current interest crediting rates will not change. It is likely that they will change and actual values may be higher or lower than those in the illustration.

The values in this illustration are not guarantees or even estimates of the amounts you can expect from your annuity. For more information, read the annuity disclosure and annuity buyer's guide.

Annuity Disclosure Model Regulation

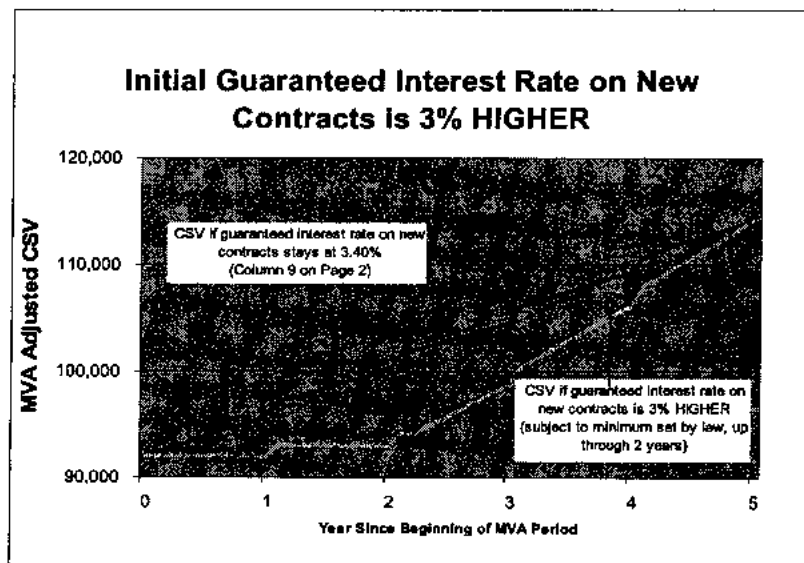
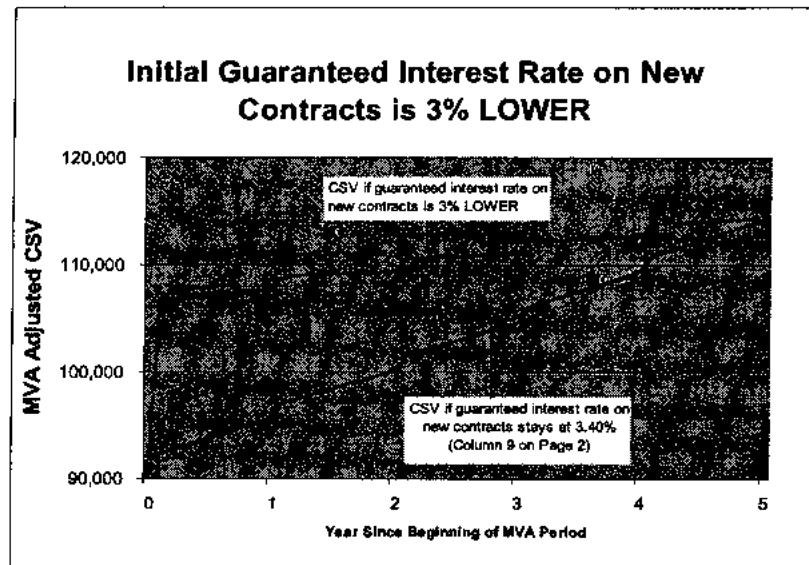
MVA-adjusted Cash Surrender Values (CSVs) Under Sample Scenarios

The graphs below shows MVA-adjusted Cash Surrender Values (CSVs) during the first five years of the contract, as illustrated on page 2 (\$100,000 single premium, a 5-year MVA Period) under two sample scenarios, as described below.

Graph #1 shows if the interest rate on new contracts is 3% LOWER than your Initial Guaranteed Interest Rate, the MVA will increase the amount you receive (green line). The pink line shows the Cash Surrender Values if the Initial Guaranteed Interest Rates continue (from Column (9) on Page 2).

Graph #2 shows if the interest rate on new contracts is 3% HIGHER than your Initial Guaranteed Interest Rate, the MVA will decrease the amount you receive, but not below the minimum set by law (Column (6) on Page 2), which in this scenario limits the decrease for the first 2 years (yellow line). The pink line shows the Cash Surrender Values if the Initial Guaranteed Interest Rates continue (from Column (9) on Page 2).

These graphs and the sample guaranteed interest rates on new contracts used are for demonstration purposes only and are not intended to be a projection of how guaranteed interest rates on new contracts are likely to behave.



AUTHORITY: sections 374.045, 375.141, and 375.143, RSMo Supp. 2013, and sections 375.934, 375.936, and 375.948, RSMo 2000. Original rule filed Sept. 30, 2016.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 400—Life, Annuities and Health
Chapter 5—Advertising and Material Disclosures**

PROPOSED RULE

20 CSR 400-5.900 Suitability in Annuity Transactions

PURPOSE: The purpose of the rule is to require insurers to establish a system to supervise recommendations and to set forth standards and procedures for recommendations to consumers that result in transactions involving annuity products so that the insurance needs and financial objectives of consumers at the time of the transaction are appropriately addressed. Nothing herein shall be construed to create or imply a private cause of action for a violation of this rule. This rule implements the National Association of Insurance Commissioners (NAIC) Suitability in Annuity Transactions Model Regulation #275. This rule identifies and defines conduct that constitutes unfair trade practices under the Unfair Trade Practice Act, sections 375.930–375.948, RSMo, and effectuates and aids in the interpretation of sections 375.141.1(8) and 375.143, RSMo, with respect to the demonstration of incompetence, untrustworthiness, financial irresponsibility, and customer suitability in the offer, sale, or exchange of annuity products.

(1) Scope. This rule shall apply to any recommendation to purchase, exchange, or replace an annuity made to a consumer by an insurance producer, or an insurer where no producer is involved, that results in the purchase, exchange, or replacement recommended.

(2) Exemptions. Unless otherwise specifically included, this rule shall not apply to transactions involving—

(A) Direct response solicitations where there is no recommendation based on information collected from the consumer pursuant to this rule;

(B) Contracts used to fund—

1. An employee pension or welfare benefit plan that is covered by the Employee Retirement and Income Security Act (ERISA);

2. A plan described by Sections 401(a), 401(k), 403(b), 408(k), or 408(p) of the *Internal Revenue Code* (IRC), as amended, if established or maintained by an employer;

3. A government or church plan defined in Section 414 of the IRC, a government or church welfare benefit plan, or a deferred compensation plan of a state or local government, or tax exempt organization under Section 457 of the IRC;

4. A nonqualified deferred compensation arrangement estab-

lished or maintained by an employer or plan sponsor;

5. Settlements of or assumptions of liabilities associated with personal injury litigation or any dispute or claim resolution process; or

6. Formal prepaid funeral contracts.

(3) Definitions.

(A) “Annuity” means an annuity that is an insurance product under state law that is individually solicited, whether the product is classified as an individual or group annuity.

(B) “Continuing education credit” or “CE credit” means one (1) continuing education credit in accordance with section 375.020, RSMo.

(C) “Continuing education provider” or “CE provider” means an individual or entity that is approved to offer continuing education courses pursuant to section 375.020, RSMo.

(D) “FINRA” means the Financial Industry Regulatory Authority or a succeeding agency.

(E) “Insurer” means a company required to be licensed under the laws of this state to provide insurance products, including annuities.

(F) “Insurance producer” means a person required to be licensed under the laws of this state to sell, solicit, or negotiate insurance, including annuities.

(G) “Recommendation” means advice provided by an insurance producer, or an insurer where no producer is involved, to an individual consumer that results in a purchase, exchange, or replacement of an annuity in accordance with that advice.

(H) “Replacement” means a transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that by reason of the transaction, an existing policy or contract has been or is to be—

1. Lapsed, forfeited, surrendered, or partially surrendered, assigned to the replacing insurer, or otherwise terminated;

2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;

3. Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;

4. Reissued with any reduction in cash value; or

5. Used in a financed purchase.

(I) “Suitability information” means information that is reasonably appropriate to determine the suitability of a recommendation, including the following:

1. Age;

2. Annual income;

3. Financial situation and needs, including the financial resources used for the funding of the annuity;

4. Financial experience;

5. Financial objectives;

6. Intended use of the annuity;

7. Financial time horizon;

8. Existing assets, including investment and life insurance holdings;

9. Liquidity needs;

10. Liquid net worth;

11. Risk tolerance; and

12. Tax status.

(J) “Tangible net benefit” means that the transaction will demonstrably improve the financial position of the consumer.

(4) Duties of Insurers and of Insurance Producers.

(A) In recommending to a consumer the purchase of an annuity or the exchange of an annuity that results in another insurance transaction or series of insurance transactions, the insurance producer, or the insurer where no producer is involved, shall have reasonable grounds for believing that the recommendation is suitable for the

consumer on the basis of the facts disclosed by the consumer as to his or her investments and other insurance products and as to his or her financial situation and needs, including the consumer's suitability information, and that there is a reasonable basis to believe all of the following:

1. The consumer has been reasonably informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders, or annuitizes the annuity, mortality and expense fees, investment advisory fees, potential charges for and features of riders, limitations on interest returns, insurance and investment components, and market risk. The requirements of this rule are intended to supplement and do not replace any disclosure requirements in other rules or statutes;

2. The consumer would receive a tangible net benefit from the transaction;

3. The particular annuity as a whole, the underlying subaccounts to which funds are allocated at the time of purchase or exchange of the annuity, and riders and similar product enhancements, if any, are suitable (and in the case of an exchange or replacement, the transaction as a whole is suitable) for the particular consumer based on his or her suitability information; and

4. In the case of an exchange or replacement of an annuity, the exchange or replacement is suitable including taking into consideration whether—

A. The consumer will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living, or other contractual benefits), or be subject to increased fees, investment advisory fees, charges for riders, and similar product enhancements;

B. The consumer would benefit from product enhancements and improvements, and specifically, whether the consumer would receive a tangible net benefit from the transaction; and

C. The consumer has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding thirty-six (36) months.

(B) Prior to the execution of a purchase, exchange, or replacement of an annuity resulting from a recommendation, an insurance producer, or an insurer where no producer is involved, shall make reasonable efforts to obtain the consumer's suitability information.

(C) Except as permitted under subsection (4)(D), an insurer shall not issue an annuity recommended to a consumer unless there is a reasonable basis to believe the annuity is suitable based on the consumer's suitability information and that the consumer would receive a tangible net benefit.

(D) (Reserved)

1. Except as provided under paragraph (4)(D)2. of this rule, neither an insurance producer, nor an insurer, shall have any obligation to a consumer under subsections (4)(A) or (4)(C) of this rule related to any annuity transaction if—

A. No recommendation is made;

B. A recommendation was made and was later found to have been unknowingly prepared based on materially inaccurate information provided by the consumer;

C. A consumer refuses to provide relevant suitability information and the annuity transaction is not recommended; or

D. A consumer decides to enter into an annuity transaction that is not based on a recommendation of the insurer or the insurance producer.

2. An insurer's issuance of an annuity subject to paragraph (4)(D)1. of this rule shall be reasonable under all the circumstances actually known to the insurer at the time the annuity is issued.

(E) An insurance producer or, where no insurance producer is involved, the responsible insurer representative, shall at the time of sale—

1. Make a record of any recommendation subject to subsection (4)(A) of this rule;

2. Obtain a customer signed statement documenting a cus-

tomers refusal to provide suitability information, if any; and

3. Obtain a customer signed statement acknowledging that an annuity transaction is not recommended if a customer decides to enter into an annuity transaction that is not based on the insurance producer's or insurer's recommendation.

(F) (Reserved)

1. An insurer shall establish a supervision system that is reasonably designed to achieve the insurer's and its insurance producers' compliance with this rule, including, but not limited to, the following:

A. The insurer shall maintain reasonable procedures to inform its insurance producers of the requirements of this rule and shall incorporate the requirements of this rule into relevant insurance producer training manuals;

B. The insurer shall establish standards for insurance producer product training and shall maintain reasonable procedures to require its insurance producers to comply with the requirements of section (5) of this rule;

C. The insurer shall provide product-specific training and training materials which explain all material features of its annuity products to its insurance producers;

D. The insurer shall maintain procedures for review of each recommendation prior to issuance of an annuity that are designed to ensure that there is a reasonable basis to determine that a recommendation is suitable. Such review procedures may apply a screening system for the purpose of identifying selected transactions for additional review and may be accomplished electronically or through other means including, but not limited to, physical review. Such an electronic or other system may be designed to require additional review only of those transactions identified for additional review by the selection criteria;

E. The insurer shall maintain reasonable procedures to detect recommendations that are not suitable. This may include, but is not limited to, confirmation of consumer suitability information, systematic customer surveys, interviews, confirmation letters, and programs of internal monitoring. Nothing in subparagraph (4)(F)1.E. prevents an insurer from complying with subparagraph (4)(F)1.E. by applying sampling procedures, or by confirming suitability information after issuance or delivery of the annuity; and

F. The insurer shall annually provide a report to senior management, including to the senior manager responsible for audit functions, which details a review, with appropriate testing, reasonably designed to determine the effectiveness of the supervision system, the exceptions found, and corrective action taken or recommended, if any.

2. (Reserved)

A. Nothing in this subsection restricts an insurer from contracting for performance of a function (including maintenance of procedures) required under paragraph (4)(F)1. of this rule. An insurer is responsible for taking appropriate corrective action and may be subject to sanctions and penalties pursuant to section (6) of this rule regardless of whether the insurer contracts for performance of a function and regardless of the insurer's compliance with subparagraph (4)(F)2.B. of this rule.

B. An insurer's supervision system under paragraph (4)(F)1. of this rule shall include supervision of contractual performance under subsection (4)(F) of this rule. This includes, but is not limited to, the following:

(I) Monitoring and, as appropriate, conducting audits to assure that the contracted function is properly performed; and

(II) Annually obtaining a certification from a senior manager who has responsibility for the contracted function that the manager has a reasonable basis to represent, and does represent, that the function is properly performed.

3. An insurer is not required to include in its system of supervision an insurance producer's recommendations to consumers of products other than the annuities offered by the insurer.

(G) An insurance producer shall not dissuade, or attempt to dissuade, a consumer from—

1. Truthfully responding to an insurer's request for confirmation of suitability information;
2. Filing a complaint; or
3. Cooperating with the investigation of a complaint.

(H) (Reserved)

1. Sales made in compliance with FINRA requirements pertaining to suitability and supervision of annuity transactions shall satisfy the requirements under this rule. This subsection applies to FINRA broker-dealer sales of annuities if the suitability and supervision is similar to those applied to variable annuity sales. However, nothing in this subsection shall limit the director's ability to enforce (including investigate) the provisions of this rule.

2. For paragraph (4)(H)1. of this rule to apply, an insurer shall—

A. Monitor the FINRA member broker-dealer using information collected in the normal course of an insurer's business; and

B. Provide to the FINRA member broker-dealer information and reports that are reasonably appropriate to assist the FINRA member broker-dealer to maintain its supervision system.

(I) Failure to comply with the requirements set forth in section (4) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(5) Insurance Producer Training.

(A) An insurance producer shall not solicit the sale of an annuity product unless the insurance producer has adequate knowledge of the product to recommend the annuity and the insurance producer is in compliance with the insurer's standards for product training. An insurance producer may rely on insurer-provided product-specific training standards and materials to comply with this subsection.

(B) (Reserved)

1. (Reserved)

A. An insurance producer who engages in the sale of annuity products shall complete a one- (1-) time four (4) credit training course approved by the director and provided by a director-approved education provider.

B. Insurance producers who hold a life insurance line of authority on the effective date of this rule and who desire to sell annuities shall complete the requirements of this subsection within six (6) months after the effective date of this rule. Individuals who obtain a life insurance line of authority on or after the effective date of this rule may not engage in the sale of annuities until the annuity training course required under this subsection has been completed.

2. The minimum length of the training required under subsection (5)(B) of this rule shall be sufficient to qualify for at least four (4) CE credits, but may be longer.

3. The training required under subsection (5)(B) of this rule shall include information on the following topics:

A. The types of annuities and various classifications of annuities;

B. Identification of the parties to an annuity;

C. How product specific annuity contract features affect consumers;

D. The application of income taxation of qualified and non-qualified annuities;

E. The primary uses of annuities; and

F. Appropriate sales practices, replacement, and disclosure requirements.

4. Providers of courses intended to comply with subsection (5)(B) of this rule shall cover all topics listed in the prescribed outline and shall not present any marketing information or provide training on sales techniques or provide specific information about a particular insurer's products. Additional topics may be offered in conjunction with and in addition to the required outline.

5. A provider of an annuity training course intended to comply with subsection (5)(B) of this rule shall register as a CE provider in this state and comply with the rules and guidelines applicable to insurance producer continuing education courses as set forth in sec-

tion 375.020, RSMo.

6. Annuity training courses may be conducted and completed by classroom or self-study methods in accordance with section 375.020, RSMo.

7. Providers of annuity training shall comply with the reporting requirements in accordance with section 375.020, RSMo.

8. The satisfaction of the training requirements of another state that are substantially similar to the provisions of this subsection shall be deemed to satisfy the training requirements of this subsection in this state.

9. An insurer shall verify that an insurance producer has completed the annuity training course required under this subsection before allowing the producer to sell an annuity product for that insurer. An insurer may satisfy its responsibility under this subsection by obtaining certificates of completion of the training course or obtaining reports provided by director-sponsored database systems or vendors or from a reasonably reliable commercial database vendor that has a reporting arrangement with approved insurance education providers.

(C) Failure to comply with the requirements set forth in section (5) of this rule shall constitute false information and/or misrepresentations and false advertising of insurance policies and/or misrepresentation in insurance applications as those terms are used in section 375.936(4), (6), and (7), RSMo.

(6) Recordkeeping.

(A) Insurers, general agents, independent agencies, and insurance producers shall maintain or be able to make available to the director records of the information collected from the consumer and other information used in making the recommendations that were the basis for insurance transactions for a period of not less than three (3) years after the insurance transaction is completed by the insurer. An insurer is permitted, but shall not be required, to maintain documentation on behalf of an insurance producer.

(B) Records required to be maintained by this rule may be maintained in paper, photographic, micro-process, magnetic, mechanical or electronic media, or by any process that accurately reproduces the actual document.

AUTHORITY: sections 375.020, 374.045, 375.141, 375.143, and 375.144, RSMo Supp. 2013, and sections 375.934, 375.936, and 375.948, RSMo 2000. Original rule filed Sept. 30, 2016.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 400—Life, Annuities and Health Chapter 13—Health Insurance Rates

PROPOSED RULE

20 CSR 400-13.100 Health Insurance Rates

PURPOSE: This rule prescribes the form and content of the rate

information required to be submitted to the Missouri Department of Insurance, Financial Institutions and Professional Registration and sets forth the standards of review applicable to such filings.

(1) Scope. This rule is applicable to rates for health benefit plans that are subject to section 376.465.7, RSMo.

(2) Definitions. As used in this rule, the following terms mean:

(A) "Director," means the Director of the Department of Insurance, Financial Institutions and Professional Registration or the director's designee;

(B) "Health benefit plan," means those health benefit plans described under section 376.465.7, RSMo, and shall include student health plans;

(C) "Rate," means the amount of money a health carrier charges as a condition of providing coverage under a health benefit plan;

(D) "Rate filing," means a submission through SERFF that contains rates and rate filing justifications as well as other documents required by this rule and that assist the director in making determinations consistent with 45 CFR 154.215 and section 376.465, RSMo;

(E) "Rate filing justification," means actuarial data and other related information provided by a health carrier that supports the use of the proposed rate;

(F) "Student health plan," means a type of health coverage maintained pursuant to an agreement between an institution of higher education and a health carrier under which coverage is provided in connection with enrollment as a student at that institution of higher education, regardless of how the coverage is underwritten or issued;

(G) "System for Electronic Rate and Form Filing" or "SERFF," means the web-based interface system used for the submission of rate filings and form filings.

(3) All rates, rate filings, rate filing justifications, and any communication or notices filed under this rule shall be submitted through SERFF.

(4) All rate filings must conform to the requirements of 20 CSR 100-9.100.

(5) All proposed rates and rate filings for health benefit plans to be delivered, issued for delivery, continued, or renewed on or after January 1, 2018, shall contain the following:

(A) Rates for each health benefit plan including all variations based on age, rating area, and tobacco use, in an Excel spreadsheet, or other format as allowed by the director;

(B) Identification of all policy forms to which the rate filing will apply, including SERFF tracking number, policy form number, and plan identification number. A rate filing shall be made separately and apart from a policy form filing;

(C) The total number of in-force policies or certificates to which the rate filing will apply;

(D) The rate filing justification as described in section (6) of this rule; and

(E) Any other data or information that provides a sufficient basis for the director to determine if the proposed rates are reasonable and to complete the review under the standards outlined in 45 CFR Part 154.

(6) A health carrier shall submit a rate filing justification as follows.

(A) Part 1 of the rate filing justification shall be submitted on a form and in the manner prescribed by 45 CFR 154.215(d). Part 1 shall include the following data and information:

1. Historical and projected claims experience;
2. Trend projections related to utilization and service or unit cost;
3. Any claims assumptions related to benefit changes;
4. Allocation of the overall rates to claims and non-claims costs;

5. Per enrollee per month allocation of current and projected premium; and

6. Three- (3-) year history of rates for the product associated with the rate filing.

(B) Part 2 of the rate filing justification shall contain a brief, non-technical, consumer-oriented explanation of the proposed rates contained in Part 1 and any modifications contained therein. This explanation shall include a simple and brief narrative describing the data, information, and assumptions the health carrier used to develop the rate. Part 2 shall include, but not be limited to, the following:

1. An explanation of the most significant factors underlying a rate increase or decrease, where applicable, including a brief description of the relevant claims and non-claims expense increases reported in Part 1; and

2. A brief description of the overall experience of the policy, including historical and projected expenses and loss ratios.

(C) Part 3 of the rate justification shall contain an actuarial memorandum that contains the reasoning and assumptions supporting the data and information contained in Part 1 of the rate justification. The actuarial memorandum shall be submitted by a qualified actuary who represents the health carrier and who is a member of the American Academy of Actuaries.

1. A health carrier may submit a public version of Part 3 that redacts properly designated trade secrets or proprietary information. This redacted document shall be clearly denoted as the Part 3 Public Version. The health carrier may only redact information that is trade secret or proprietary under Missouri law. The Part 3 Public Version shall be submitted in SERFF as a document separate from other rate information.

2. If a health carrier submits a Part 3 Public Version, the health carrier must also submit an un-redacted version. This un-redacted version shall contain all of the required data and information with no redactions. The un-redacted version shall be clearly denoted as the Part 3 Confidential Version and submitted in SERFF as a document separate from other rate information.

(7) Any trade secret information included as a part of the rate filing justification must be designated as such by the health carrier and shall be subject to the provisions of sections 417.450-417.467, RSMo, and 20 CSR 10-2.400. All data and information contained within a rate filing or rate filing justification that is not clearly designated as either trade secret or proprietary under Missouri law, filed under this rule, will be open to the public.

(8) A health carrier shall submit rates and rate filing justifications, as outlined in this rule, to the Centers for Medicare and Medicaid Services on the same date it submits the information to the director, consistent with the requirements of 45 CFR Part 154.

(9) The director shall designate annual filing deadlines and posting dates, not inconsistent with the requirements of 45 CFR Part 154. The designation of annual filing deadlines may be announced through a bulletin or other electronic means as determined by the director.

(10) All proposed rates shall be posted, in summary form, at a uniform time on the department's website.

(11) The department shall allow the submission of public comments regarding proposed rates in written form, submitted to the department by mail or in an electronic format.

(12) A rate shall be determined to be unreasonable if the rate is excessive, inadequate, unfairly discriminatory, or unjustified.

(A) A rate is excessive if it is unreasonably high for the coverage provided under the health benefit plan.

(B) A rate is inadequate if it is unreasonably low for the coverage provided under the health benefit plan or the use of such rates endangers the solvency of the health carrier using the rate.

(C) A rate is unfairly discriminatory when a health carrier makes or permits differences in rates between individuals of the same class or of essentially the same risk when such differences are not permissible pursuant to section 375.936, RSMo, or when differences in rates do not reasonably correspond to differences in expected costs.

(D) A rate is unjustified if the health carrier provides a rate justification that is incomplete or otherwise does not provide a sufficient basis upon which the reasonableness of a rate can be determined.

(13) The director's review of rates shall, at a minimum, consider the following:

(A) The reasonableness of the assumptions used by the health carrier to develop the proposed rate increase and the validity of the historical data underlying the assumptions;

(B) The health carrier's data related to past projections and actual experience;

(C) The reasonableness of assumptions used by the health carrier to estimate the rate impact of the federal risk adjustment program under 42 U.S.C. Section 18063; and

(D) The health carrier's data related to implementation and ongoing utilization of a market-wide single risk pool, essential health benefits, actuarial values, and other market standards or rules established under state or federal law.

(14) The director's review of rates may consider the following, to the extent the director believes any to be applicable to the rate filing under review:

(A) Medical cost trend changes by major service categories;

(B) Impact of changes in utilization of services by major service categories;

(C) Impact of cost-sharing changes by major service categories, including actuarial values;

(D) Impact of changes in benefits, including essential health benefits and non-essential health benefits;

(E) Impact of changes in enrollee risk profile and pricing, including rating limitations for age and tobacco use under 42 U.S.C. Section 300gg;

(F) Impact of over- and under-estimation of medical trends in the previous three (3) years on the current premium rate;

(G) Impact of changes in reserve needs;

(H) Impact of changes in administrative costs related to programs that improve health care quality;

(I) Impact of changes in other administrative costs;

(J) Impact of changes in applicable taxes and licensing or regulatory fees;

(K) Medical loss ratio;

(L) The health carrier's capital and surplus;

(M) The impacts of geographic factors and variations;

(N) The impact of changes within a single risk pool to all products or plans within the risk pool; and

(O) The impact of risk adjustment payments and charges.

(15) Pursuant to section 376.465.10(4), RSMo, written notice of the director's determination that proposed rates are reasonable or unreasonable shall be provided within sixty (60) days after a complete rate submission to the director. This sixty- (60-) day time frame may be extended pursuant to a mutual agreement between the director and the health carrier.

(A) Proposed rates that are determined to be reasonable will be considered final and the filing will be closed upon the same date as the director's notice.

(B) Proposed rates that are determined to be unreasonable will be considered open for amendment by the carrier pursuant to section (16) of this rule.

(16) Pursuant to section 376.465.11, RSMo, after receiving written notice from the director that a proposed rate is unreasonable, if a health carrier elects to amend proposed rates or request reconsider-

ation of the director's determination, the carrier shall notify the director and submit any amendments or additions to the rate filing or rate filing justification within thirty (30) days after the date the carrier receives written notice of the director's determination. The thirty- (30-) day time frame may be extended pursuant to a mutual agreement between the director and the health carrier.

(A) If a health carrier chooses to file an amended rate, it shall file the amended rate and a rate filing justification supporting the amended rate.

(B) If a health carrier chooses to request reconsideration, it shall notify the director, in writing, of its request for reconsideration and may submit any additional rate filing justification that it believes further supports the proposed rate. The director shall review such information and make a determination as to whether the proposed rate is reasonable or unreasonable.

(17) When a health carrier receives written notice that a proposed rate is unreasonable and the health carrier decides to implement the proposed rate notwithstanding the director's determination, the health carrier shall notify the director of its decision to use the rate within thirty (30) days after receiving notice of the director's determination. The director shall make the determination that the rate is unreasonable publicly available on the department's website at the same time as final rates are posted on the department's website.

AUTHORITY: section 374.045, RSMo Supp. 2013, and section 376.465, CCS HCS SS SCS SBS 865 and 866, Second Regular Session, Ninety-eighth General Assembly 2016. Original rule filed Oct. 3, 2016.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Amy V. Hoyt, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days of publication of this notice in the Missouri Register. A public hearing is scheduled for 10:00 a.m., Friday, December 2, 2016, at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 700—Insurance Licensing
Chapter 1—Insurance Producers**

PROPOSED AMENDMENT

20 CSR 700-1.145 Standards of Commercial Honor and Principles of Trade in Life, Annuity, and Long-Term Care Insurance Sales. The division is amending subsection (1)(A).

PURPOSE: This amendment clarifies the standard to which producers are held with regard to the exchange or replacement of variable life, annuity, or long-term care products.

(1) Grounds for the discipline or disqualification of producers shall include, in addition to other grounds specified in section 375.141, RSMo, failure to comply with or violation of the following professional standards of conduct:

(A) Producers, in the conduct of variable life, annuity, and long-term care insurance business, shall observe high standards of commercial honor and just and equitable principles of trade. Implicit in a producer's relationship with customers is the fundamental responsibility of fair dealing. Practices that violate this responsibility of fair dealing include, but are not limited to, the following:

1. Inducing an exchange or replacement of variable life, annuity, or long-term care insurance contract with *[insignificant]* **no tangible net** benefit to the consumer, but for the purpose of accumulating commissions by the producer; and

2. Causing the execution of transactions that are not authorized by customers or the sending of confirmations in order to cause customers to accept transactions not actually agreed upon; and

AUTHORITY: sections 374.040[,] and 375.013, RSMo 2000, and sections 374.045, 375.143, and 376.309.6, RSMo Supp. [2007] 2013. Emergency rule filed April 14, 2005, effective April 26, 2005, expired Jan. 1, 2006. Original rule filed Sept. 30, 2005, effective March 30, 2006. Amended: Filed Nov. 30, 2007, effective July 30, 2008. Amended: Filed Sept. 30, 2016.

PUBLIC COST: The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: The proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION

Division 700—Insurance Licensing Chapter 1—Insurance Producers

PROPOSED AMENDMENT

20 CSR 700-1.146 Recommendations of [Annuities or] Variable Life Insurance to Customers (Suitability). The division is amending the title, purpose, section (1), removing section (2), and renumbering thereafter.

PURPOSE: This amendment makes this rule only applicable to the offer, sale, or exchange of variable life contracts. The department is amending this rule by removing all language that relates to annuity recommendations. The department's proposed rule, 20 CSR 400-5.900 Suitability in Annuity Transactions, is replacing the language contained in this rule.

PURPOSE: This rule [implements the requirements] effectuates and aids in the interpretation of section[s] 375.141.1(8) [and 375.143], RSMo, with respect to the codification of professional standards of conduct in the recommendation of [annuities and] variable life insurance contracts. Failure to meet these standards [would] constitutes the demonstration of incompetence, untrustworthiness, or financial irresponsibility of producers in the offer, sale, or exchange of [annuities and] variable life contracts.

thinness, or financial irresponsibility of producers in the offer, sale, or exchange of [annuities and] variable life contracts.

(1) The standards of conduct codified in this rule reflect the professionalism of a licensed insurance producer. Grounds for the discipline or disqualification of producers shall include, in addition to other grounds specified in section 375.141, RSMo, failure to comply with or violation of the following professional standards of conduct:

[(A) Variable Annuities and Variable Life Insurance.]

[1.](A) In recommending to an individual customer the purchase, sale, or exchange of any variable life *[or variable annuity]* product, a producer shall have reasonable grounds for believing that the recommendation is suitable for such customer upon the basis of the facts, if any, disclosed by such customer as to his other investment holdings and as to his financial situation and needs.

[2.](B) Prior to the execution of a variable life *[or variable annuity]* transaction recommended to an individual customer, a producer shall make reasonable efforts to obtain information concerning—

[A.].1. The customer's financial status, including annual income, financial situation and needs, and existing assets;

[B.].2. The customer's tax status;

[C.].3. The customer's financial objectives, including investment objectives, reasonably anticipated income needs, and risk tolerance;

[D.].4. The customer's investment time horizon, liquid net worth, and current and reasonably anticipated needs for liquidity; and

[E.].5. Such other information used or considered to be reasonable by such producer in making recommendations to the customer.

[3. No producer shall recommend to any customer the purchase or exchange of any deferred variable annuity, unless the producer has a reasonable basis to believe:

A. That the transaction is suitable in accordance with this rule and, in particular, that there is a reasonable basis to believe that—

(I) The customer has been informed, in general terms, of various features of deferred variable annuities, such as the potential surrender period and surrender charge; potential tax penalty if the customer sells or redeems deferred variable annuities before reaching the age of fifty-nine and one half (59½); mortality and expense fees; investment advisory fees; potential charges for and features of riders; the benefit and investment components of deferred variable annuities; and market risk;

(II) The customer would benefit from certain features of deferred variable annuities, such as tax-deferred growth, annuitization, or a death or living benefit; and

(III) The particular deferred variable annuity as a whole, the underlying subaccounts to which funds are allocated at the time of the purchase or exchange of the deferred variable annuity, and riders and similar product enhancements, if any, are suitable (and, in the case of an exchange, the transaction as a whole also is suitable) for the particular customer based on the information required by this rule; and

B. In the case of an exchange of a deferred variable annuity, the exchange also is consistent with the suitability determination required by subparagraph (1)(A)3.A. of this rule, taking into consideration whether—

(I) The customer would incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living, or other contractual benefits), or be subject to increased fees or charges (such as mortality and expense fees, investment advisory fees, or charges for riders and similar product enhancements);

(II) The customer would benefit from product enhancements and improvements; and

(III) *The customer's account has had another deferred annuity exchange within the preceding thirty-six (36) months.*

[4.](C) Interpretation of subsection (1)(A) of this rule shall be guided by judicial and administrative opinions and decisions construing substantially similar requirements of the Financial Industry Regulatory Authority (FINRA) or its predecessor or successor organizations.

[(B) Indexed Annuities.

1. *In recommending to an individual customer the purchase, sale, or exchange of a indexed annuity, a producer shall have reasonable grounds for believing that the recommendation is suitable for such customer upon the basis of the facts, if any, disclosed by such customer as to his or her insurance and investment holdings and as to his or her current and reasonably anticipated financial situation and needs.*

2. *Prior to the execution of an indexed annuity transaction recommended to an individual customer, a producer shall make reasonable efforts to obtain information concerning—*

A. *The customer's financial status, including annual income, financial situation and needs, and existing assets;*

B. *The customer's tax status;*

C. *The customer's financial objectives, including investment objectives, reasonably anticipated income needs, and risk tolerance;*

D. *The customer's investment time horizon, liquid net worth, and current and reasonably anticipated needs for liquidity; and*

E. *Such other information used or considered to be reasonable by such producer in making recommendations to the customer.*

3. *No producer shall recommend to any customer the purchase or exchange of a deferred indexed annuity unless the producer has a reasonable basis to believe:*

A. *That the transaction is suitable in accordance with this rule and, in particular, that there is a reasonable basis to believe that—*

(I) *The customer has been informed, in general terms, of various features of deferred indexed annuities, such as the potential surrender period and surrender charge; potential tax penalty if a customer sells or redeems deferred indexed annuities before reaching the age of fifty-nine and one half (59½); mortality and expense fees; potential charges for and features of riders; the benefit and accumulation components of deferred indexed annuities; and market risk;*

(II) *The particular deferred indexed annuity as a whole, the underlying accumulation provisions and riders and similar product enhancements, if any, are suitable (and, in the case of an exchange, the transaction as a whole also is suitable) for the particular customer based on the information required by this rule; and*

B. *In the case of an exchange of a deferred indexed annuity, the exchange also is consistent with the suitability determination required by subparagraph (1)(B)3.A. of this rule, taking into consideration whether—*

(I) *The customer would incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living, or other contractual benefits), or be subject to increased fees or charges (such as mortality and expense fees, investment advisory fees, or charges for riders and similar product enhancements);*

(II) *The customer would benefit from product enhancements and improvements; and*

(III) *The customer's account has had another*

deferred indexed annuity exchange within the preceding thirty-six (36) months.

(C) Fixed Annuities.

1. *In recommending to an individual customer the purchase, sale, or exchange of a fixed annuity, a producer shall have reasonable grounds for believing that the recommendation is suitable for such customer upon the basis of the facts, if any, disclosed by such customer as to his or her insurance and investment holdings and as to his or her current and reasonably anticipated financial situation and needs.*

2. *Prior to the execution of a fixed annuity transaction recommended to an individual customer, a producer shall make reasonable efforts to obtain information concerning—*

A. *The customer's financial status, including annual income, financial situation and needs, and existing assets;*

B. *The customer's tax status;*

C. *The customer's financial objectives, including investment objectives, reasonably anticipated income needs, and risk tolerance;*

D. *The customer's investment time horizon, liquid net worth, and current and reasonably anticipated needs for liquidity; and*

E. *Such other information used or considered to be reasonable by such producer in making recommendations to the customer.*

(2) *The standards of conduct in this rule shall not apply to the following:*

(A) *Unless a producer is making a recommendation to an individual plan participant, any annuity used to fund—*

1. *An employee pension or welfare benefit plan that is covered by The Employee and Retirement Income Security Act (ERISA);*

2. *Any tax-qualified, employer sponsored retirement or benefit plan that meets the requirements of Internal Revenue Code, Sections 401(a), 401(k), 403(b), 408(k), or 408(p);*

3. *Any government or church plan that meets the requirements of Internal Revenue Code, Section 414;*

4. *Any government or church welfare benefit plan, or any deferred compensation plan of a state or local government or tax exempt organization, that meets the requirements of Internal Revenue Code, Section 457; or*

5. *Any nonqualified deferred compensation arrangement established or maintained by an employer or plan sponsor; or*

(B) *Any annuity transaction used to fund settlements of or assumptions of liabilities associated with personal injury litigation or any dispute or claim resolution process.]*

[(3)](2) *Record Keeping. The determinations required by this rule shall be documented by the producer recommending the transaction.*

[(4)](3) *No person shall materially aid any other person in any violation or failure to comply with any standard set forth in this rule.*

AUTHORITY: [sections 374.040, 374.045, and 375.013, RSMo 2000 and sections 375.143 and 376.309.6, RSMo Supp. 2007] sections 374.045, 375.141, and 375.143, RSMo Supp. 2013, and section 375.013, RSMo 2000. Original rule filed July 5, 2005, effective Jan. 30, 2006. Amended: Filed Nov. 30, 2007, effective July 30, 2008. Amended: Filed Sept. 30, 2016.

PUBLIC COST: *The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *The proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 700—Insurance Licensing
Chapter 1—Insurance Producers**

PROPOSED AMENDMENT

20 CSR 700-1.147 Reasonable Supervision in Variable Life [and Variable Annuity] Sales. The department is amending the title, purpose, and sections (1) and (3).

PURPOSE: This amendment makes this rule only applicable to the offer, sale, or exchange of variable life products. This rule implements the requirements of sections 375.141.1(8) and 375.143, RSMo, with respect to the demonstration of incompetence, untrustworthiness, or financial irresponsibility by producers in the offer, sale, or exchange of variable life products. The department is amending this rule by removing all language that relates to annuity recommendations. The department's proposed rule, 20 CSR 400-5.900 Suitability in Annuity Transactions, is replacing the language contained in this rule.

PURPOSE: This rule [implements the requirements] effectuates and aids in the interpretation of section[s] 375.141.1(8) [and 375.143], RSMo, with respect to the demonstration of incompetence, untrustworthiness, or financial irresponsibility by producers in the offer, sale, or exchange of variable life [and variable annuity] products.

(1) Grounds for the discipline or disqualification of producers shall include, in addition to other grounds specified in section 375.141, RSMo, failure to comply with or violation of the following professional standards of conduct:

(A) Individual Producers. Each individual producer licensed to sell variable life [and variable annuity] products shall be supervised by a member of the Financial Industry Regulatory Authority (FINRA), which member shall also be licensed as a business entity producer with the director (supervising member)/./;

(B) Supervising Members.

1. Supervisory system.

A. Each supervising member shall establish and maintain a system to supervise the activities of each individual producer that is reasonably designed to achieve compliance with applicable state insurance laws and regulations, federal securities laws and regulations, and with applicable FINRA rules. Final responsibility for proper supervision shall rest with the supervising member. A supervising member's supervisory system shall provide, at a minimum, for the following:

(I) The establishment and maintenance of written procedures as required by paragraphs (1)(B)2. and 3. of this rule;

(II) The designation, where applicable, of an appropriately qualified and registered FINRA principal(s) with authority to carry out the supervisory responsibilities of the supervising member for variable life [and variable annuity products] producers;

(III) The designation of an office of supervisory jurisdiction (OSJ) of each location that meets the definition contained in FINRA Rule [3010(g)(2), effective January 31, 2005] 3110(f),

effective July 31, 2015. The supervising member shall also designate such other OSJs as it determines to be necessary in order to supervise its producers and employees in accordance with the standards set forth in this rule, taking into consideration the following factors:

(a) Whether the individual producers or employees engage in retail sales or other activities involving regular conduct with public customers;

(b) Whether a substantial number of individual producers conduct sales activities at, or are otherwise supervised from, such location;

(c) Whether the location is geographically distant from another OSJ of the supervising member;

(d) Whether the individual producers are geographically dispersed; and

(e) Whether the investment or insurance activities at such location are diverse and/or complex;

(IV) The designation of one (1) or more appropriately qualified and registered FINRA principal(s) in each OSJ, including the main office, and one (1) or more appropriately FINRA qualified and licensed producers in each non-OSJ branch office (as defined in FINRA Rule [3010(g)(1), effective January 31, 2005] 3110(f), effective July 31, 2015) with authority to carry out the supervisory responsibilities assigned to that office by the supervising member;

(V) The assignment of each individual producer to an appropriately FINRA qualified and licensed producer who shall be responsible for supervising that person's activities;

(VI) Reasonable efforts to determine that all supervisory personnel are qualified by virtue of experience or training to carry out their assigned responsibilities;

(VII) The participation of each producer, either individually or collectively, no less than annually, in an interview or meeting conducted by persons designated by the supervising member at which compliance matters relevant to the activities of the individual producer(s) are discussed. Such interview or meeting may occur in conjunction with the discussion of other matters and may be conducted at a central or regional location or at the individual producer's place of business.

2. Written procedures.

A. Each supervising member shall establish, maintain, and enforce written procedures to supervise the variable life [and variable annuity] business in which it engages and to supervise the activities of individual producers that are reasonably designed to achieve compliance with applicable state insurance laws and regulations, federal securities laws and regulations, and with applicable FINRA rules.

B. The supervising member's written supervisory procedures shall set forth the supervisory system established by the supervising member pursuant to subparagraph (1)(B)1.A. above, and shall include the titles, registration/licensure status and locations of the required supervisory personnel and the responsibilities of each supervisory person as these relate to the types of business engaged in, applicable insurance laws and regulations, applicable federal securities laws and regulations, and applicable FINRA rules. The supervising member shall maintain on an internal record the names of all persons who are designated as supervisory personnel and the dates for which such designation is or was effective. Such record shall be preserved by the supervising member for a period of not less than three (3) years, the first two (2) years in an easily accessible place.

C. A copy of a supervising member's written supervisory procedures, or the relevant portions thereof, shall be kept and maintained in each OSJ and at each location where supervisory activities are conducted on behalf of the supervising member. Each supervising member shall amend its written supervisory procedures as appropriate within a reasonable time after changes occur in applicable state insurance laws and regulations, applicable federal securities laws and regulations, and applicable FINRA rules, and as changes

occur in its supervisory system, and each supervising member shall be responsible for communicating amendments to the individual producers it supervises.

3. Internal inspections.

A. Each supervising member shall conduct a review, at least annually, of the businesses in which it engages, which review shall be reasonably designed to assist in detecting and preventing violations of, and achieving compliance with, applicable state insurance laws, applicable federal securities laws and regulations, and with applicable FINRA rules. Each supervising member shall review the activities of each office, which shall include the periodic examination of customer accounts, to detect and prevent irregularities or abuses.

(I) Each supervising member shall inspect at least annually every office of supervisory jurisdiction and any branch office that supervises one (1) or more non-branch locations.

(II) Each supervising member shall inspect at least every three (3) years every branch office that does not supervise one (1) or more non-branch locations. In establishing how often to inspect each non-supervisory branch office, the firm shall consider whether the nature and complexity of the variable life *[and variable annuity]* sales activities for which the location is responsible, the volume of business done, and the number of individual producers assigned to the location require the non-supervisory branch office to be inspected more frequently than every three (3) years. If a supervising member establishes a more frequent inspection cycle, the supervising member must ensure that at least every three (3) years, the inspection requirements enumerated in subparagraph (1)(B)3.B. have been met. The non-supervisory branch office examination cycle, an explanation of the factors the supervising member used in determining the frequency of the examinations in the cycle, and the manner in which a supervising member will comply with subparagraph (1)(B)3.B. if using more frequent inspections than every three (3) years, shall be set forth in the supervising member's written supervisory and inspection procedures.

(III) Each supervising member shall inspect on a regular periodic schedule every non-branch location. In establishing such schedule, the firm shall consider the nature and complexity of the variable life *[and variable annuities]* activities for which the location is responsible and the nature and extent of contact with customers. The schedule and an explanation regarding how the supervising member determined the frequency of the examination schedule shall be set forth in the supervising member's written supervisory and inspection procedures.

(IV) Each supervising member shall retain a written record of the dates upon which each review and inspection is conducted.

B. An office inspection and review by a supervising member pursuant to subparagraph (1)(B)3.A. must be reduced to a written report and kept on file by the supervising member for a minimum of three (3) years, unless the inspection is being conducted pursuant to part (1)(B)3.A.(III) and the regular periodic schedule is longer than a three- (3-)/-/ year cycle, in which case the report must be kept on file at least until the next inspection report has been written. The written inspection report must also include, without limitation, the testing and verification of the supervising member's policies and procedures, including supervisory policies and procedures in the following areas:

(I) Safeguarding of customer funds *[and annuities]*;

(II) Maintaining of books and records;

(III) Supervision of customer accounts serviced by branch office managers;

(IV) Transmittal of funds between customers and individual producers;

(V) Validation of customer address changes; and

(VI) Validation of changes in customer account information.

If a supervising member does not engage in all of the activities enumerated above, the supervising member must identify those activities

in which it does not engage in the written inspection report and document in the report that supervisory policies and procedures for such activities must be in place before the supervising member can engage in them.

C. An office inspection by a supervising member pursuant to subparagraph (1)(B)3.A. may not be conducted by the branch office manager or any person within that office who has supervisory responsibilities or by any individual who is supervised by such person(s). However, if a supervising member is so limited in size and resources that it cannot comply with this limitation (e.g., a supervising member with only one (1) office or a supervising member has a business model where small or single-person offices report directly to an office of supervisory jurisdiction manager who is also considered the office's branch office manager), the supervising member may have a principal who has the requisite knowledge to conduct an office inspection perform the inspections. The supervising member, however, must document in the office inspection reports the factors it has relied upon in determining that it is so limited in size and resources that it has no other alternative than to comply in this manner. A supervising member must have in place procedures that are reasonably designed to provide heightened office inspections if the person conducting the inspection reports to the branch office manager's supervisor or works in an office supervised by the branch manager's supervisor and the branch office manager generates twenty percent (20%) or more of the revenue of the business units supervised by the branch office manager's supervisor. For the purposes of this paragraph only, the term "heightened inspection" shall mean those inspection procedures that are designed to avoid conflicts of interest that serve to undermine complete and effective inspection because of the economic, commercial, or financial interests that the branch manager's supervisor holds in the associated persons and businesses being inspected. In addition, for the purpose of this paragraph only, when calculating the twenty percent (20%) threshold, all of the revenue generated by or credited to the branch office or branch office manager shall be attributed as revenue generated by the business units supervised by the branch office manager's supervisor irrespective of a supervising member's internal allocation of such revenue. A supervising member must calculate the twenty percent (20%) threshold on a rolling, twelve- (12-)/-/ month basis.

4. Review of transactions and correspondence.

A. Supervision of individual producers. Each supervising member shall establish procedures for the review and endorsement by a FINRA qualified principal in writing, on an internal record, of all transactions and for the review by a registered principal of incoming and outgoing written and electronic correspondence of its individual producers with the public relating to the variable life *[or variable annuities]* business of such supervising member. Such procedures should be in writing and be designed to reasonably supervise each individual producer. Evidence that these supervisory procedures have been implemented and carried out must be maintained and made available to the director upon request.

B. Review of correspondence. Each supervising member shall develop written procedures that are appropriate to its business, size, structure, and customers for the review of incoming and outgoing written (i.e., non-electronic) and electronic correspondence with the public relating to its variable life *[or variable annuities]* business, including procedures to review incoming, written correspondence directed to individual producers and related to the supervising member's variable life *[or variable annuities]* business to properly identify and handle customer complaints and to ensure that customer funds and variable life *[and variable annuities]* business are handled in accordance with supervising member's procedures. Where such procedures for the review of correspondence do not require review of all correspondence prior to use or distribution, they must include provision for the education and training of associated persons as to the supervising member's procedures governing correspondence, documentation of such education and training, and surveillance and follow-up to ensure that such procedures are implemented

and adhered to.

C. Each supervising member shall retain correspondence of producers relating to its variable life *[and variable annuity]* business in accordance with Rules 17a-3 and 17a-4 under the Securities and Exchange Act of 1934. The names of the persons who prepared outgoing correspondence and who reviewed the correspondence shall be ascertainable from the retained records and the retained records shall be readily available to the director, upon request.

5. Qualifications investigated.

A. Each supervising member shall have the responsibility and duty to ascertain by investigation the good character, business repute, qualifications, and experience of any individual producer prior to assisting in the application of such person for a variable life *[or variable annuity]* line with the department.

B. Where an applicant for license has previously been licensed with the department, the supervising member shall review a copy of the Uniform Termination Notice of Securities Industry Registration (Form U-5) filed with the FINRA by such person's most recent previous FINRA member employer, together with any amendments thereto that may have been filed pursuant to Article V, Section 3 of the FINRA's By-Laws. The supervising member shall review the Form U-5 as required by this rule no later than sixty (60) days following the filing of the application for license or demonstrate to the department that it has made reasonable efforts to comply with the requirement. In conducting its review of the Form U-5 and any amendments thereto, a supervising member shall take such action as may be deemed appropriate.

6. Supervisory control system.

A. General requirements.

(I) Each supervising member shall designate and specifically identify one (1) or more principals who shall establish, maintain, and enforce a system of supervisory control policies and procedures that/:-

(a) Test and verify that the supervising member's supervisory procedures are reasonably designed with respect to its activities and the activities of its employees, to achieve compliance with applicable state insurance laws and regulations, applicable federal securities laws and regulations, and with applicable FINRA rules; and

(b) Create additional or amend supervisory procedures where the need is identified by such testing and verification.

(II) The designated principal or principals must submit to the supervising member's senior management no less than annually, a report detailing each supervising member's system of supervisory controls, the summary of the test results and significant identified exceptions, and any additional or amended supervisory procedures created in response to the test results.

(III) The establishment, maintenance, and enforcement of written supervisory control policies and procedures pursuant to part (1)(B)6.A.(I) shall include:

(a) Procedures that are reasonably designed to review and supervise the customer account activity conducted by the supervising member's branch office managers, sales managers, regional or district sales managers, or any person performing a similar supervisory function.

I. A person who is either senior to, or otherwise independent of, the producing manager must perform such supervisory reviews. For purposes of this rule, an "otherwise independent" person: may not report either directly or indirectly to the producing manager under review; must be situated in an office other than the office of the producing manager; must not otherwise have supervisory responsibility over the activity being reviewed (including not being directly compensated based in whole or in part on the revenues accruing for those activities); and must alternate such review responsibility with another qualified person every two (2) years or less.

II. If a supervising member is so limited in size and resources that there is no qualified person senior to, or otherwise independent of, the producing manager to conduct the reviews pur-

suant to **item** (1)(B)6.A.(II)(a)I. above (e.g., a supervising member has only one (1) office or an insufficient number of qualified personnel who can conduct reviews on a two- (2-)/- year rotation), the reviews may be conducted by a principal who is sufficiently knowledgeable of the supervising member's supervisory control procedures, provided that the reviews are in compliance with **item** (1)(B)6.A.(II)(a)I. to the extent practicable.

III. A supervising member relying on **item** (1)(B)6.A.(II)(a)II. above must document in its supervisory control procedures the factors used to determine that complete compliance with all of the provisions of **item** (1)(B)6.A.(II)(a)I. is not possible and that the required supervisory systems and procedures in place with respect to any producing manager comply with the provisions of **item** (1)(B)6.A.(II)(a)I. above to the extent practicable./-;

(b) Procedures that are reasonably designed to review and monitor the following activities:

I. All transmittals of funds (e.g., wires or checks, etc.) from customers to third party accounts (i.e., a transmittal that would result in a change of beneficial ownership); from customer accounts to outside entities (e.g., banks, investment companies, etc.); from customer accounts to locations other than a customer's primary residence (e.g., post office box, "in care of" accounts, alternate address, etc.); and between customers and registered representatives, including the hand-delivery of checks;

II. Customer changes of address and the validation of such changes of address; and

III. Customer changes of investment objectives and the validation of such changes of investment objectives./-;

(c) The policies and procedures established pursuant to subpart (1)(B)6.A.(II)(b) must include a means or method of customer confirmation, notification, or follow-up that can be documented. If a supervising member does not engage in all of the activities enumerated above, the supervising member must identify those activities in which it does not engage in its written supervisory control policies and procedures and document in those policies and procedures that additional supervisory policies and procedures for such activities must be in place before the supervising member can engage in them; and

(d) Procedures that are reasonably designed to provide heightened supervision over the activities of each producing manager who is responsible for generating twenty percent (20%) or more of the revenue of the business units supervised by the producing manager's supervisor. For the purposes of this part only, the term "heightened supervision" shall mean those supervisory procedures that evidence supervisory activities that are designed to avoid conflicts of interest that serve to undermine complete and effective supervision because of the economic, commercial, or financial interests that the supervisor holds in the associated persons and businesses being supervised. In addition, for the purpose of this part only, when calculating the twenty percent (20%) threshold, all of the revenue generated by or credited to the producing manager or the producing manager's office shall be attributed as revenue generated by the business units supervised by the producing manager's supervisor irrespective of a supervising member's internal allocation of such revenue. A supervising member must calculate the twenty percent (20%) threshold on a rolling, twelve- (12-)/- month basis.

(3) Interpretation of this rule shall be guided by judicial and administrative opinions and decisions construing substantially similar requirements of the FINRA or its predecessor or successor organizations. Any person in compliance with substantially similar requirements of the FINRA shall be deemed to be in compliance with the provisions of this rule.

AUTHORITY: [sections 374.040, 374.045, and 375.013, RSMo 2000 and sections 375.143 and 376.309.6, RSMo Supp. 2007] sections 374.045, 375.141, and 375.143, RSMo Supp. 2013, and section 375.013, RSMo 2000. Original rule filed

July 5, 2005, effective Jan. 30, 2006. Amended: Filed Nov. 30, 2007, effective July 30, 2008. Amended: Filed Sept. 30, 2016.

PUBLIC COST: *The proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *The proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 700—Insurance Licensing
Chapter 1—Insurance Producers**

PROPOSED RESCISSION

20 CSR 700-1.148 Reasonable Supervision in Indexed and Fixed Annuity Sales. This rule aided in the interpretation of section 375.141.1(8), RSMo, with respect to the demonstration of incompetence, untrustworthiness, or financial irresponsibility by producers in the offer, sale, or exchange of indexed or fixed annuity products.

PURPOSE: *This rule is being rescinded because proposed rule 20 CSR 400-5.900 Suitability in Annuity Transactions, is replacing the language contained in this rule.*

AUTHORITY: *section 374.045, RSMo 2000 and sections 375.141 and 375.143, RSMo Supp. 2007. Original rule filed April 30, 2008, effective Dec. 30, 2008. Rescinded: Filed Sept. 30, 2016.*

PUBLIC COST: *The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *The proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Tamara W. Kopp, Receivership Counsel, Director's Office, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2013, the commission amends a rule as follows:

10 CSR 10-6.210 Confidential Information is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on June 1, 2016 (41 MoReg 742-743). No changes were made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received one (1) comment from the Regulatory Environmental Group for Missouri (REGFORM).

COMMENT #1: REGFORM commented that they support the revisions to this rule. They emphasized to the commission and staff that this rule is very important for many companies, especially for companies in competitive industries. REGFORM emphasizes that these rule changes help streamline this important process for protecting confidential business information or trade secrets.

RESPONSE: The program appreciates the positive feedback. No changes were made to the rule language as a result of these comments.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2013, the commission amends a rule as follows:

**10 CSR 10-6.220 Restriction of Emission of Visible Air
Contaminants is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 2, 2016 (41 MoReg 555-557). No changes were made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received seven (7) comments from five (5) sources: Buzzi Unicem USA, the Boeing Company, an AECOM consultant representing the air committee of the St. Louis Regional Chamber Environmental Council, Kansas City Power and Light (KCPL), and AMEREN.

COMMENT #1: Buzzi Unicem USA commented that they operate two (2) Portland cement kilns in Missouri. The proposed changes to remove continuous opacity monitors (COMs) requirements from electric generating units (EGUs) subject to 40 Code of Federal Regulations (CFR) 63, Subpart UUUUU and boilers regulated under 40 CFR 63, Subparts DDDDD and JJJJJ also apply to Portland cement kilns regulated under 40 CFR 63, Subparts LLL and EEE. Kilns regulated under Subpart LLL do not have an opacity limit and are required to use particulate matter continuous parameter monitoring systems (CPMS) to monitor particulate matter (PM) emissions. Kilns regulated under Subpart EEE that use baghouses to control emissions do not have an opacity limit and are required to use a bag leak detection system (BLDS) to monitor PM emissions. The COMs at these plants are redundant systems for monitoring PM emissions and present additional maintenance, recordkeeping, and reporting burdens for Portland cement kilns. Buzzi Unicem USA recommends modifying 10 CSR 10-6.220 to remove the COM requirement for Portland cement kilns that meet these requirements.

RESPONSE: The Department of Natural Resources' Air Pollution Control Program appreciates this comment. In order to add an exemption for Portland cement kilns to this rule the department needs to prove that the exemption is not a relaxation of regulation in order for EPA to approve the amendment. For example, the exemption for power plants and boilers was proposed after reviewing particulate matter/opacity correlations in several compliance assurance monitoring (CAM) plans submitted to the department as part of the operating permit process. This data supported a correlation between compliance with 40 CFR Subparts UUUUU, DDDDD, and JJJJJ and compliance with opacity limitations. We do not currently have this data for cement kilns to prove the correlations between compliance with 40 CFR Subparts LLL and EEE and compliance with opacity limitations. If Buzzi Unicem, or another entity, submits the applicable information the department will review the information and may propose the

exemption in a future rule amendment. However, in order to move forward with this rule amendment in a timely manner we are not currently including this modification to the regulation. No changes were made to the rule language as a result of this comment.

Due to the similarity in the following three (3) comments, one (1) response is presented.

COMMENT #2: The Boeing Company commented that they support the changes to this rule. This rulemaking has been in work for several years with much collaboration among commenters in conjunction with the department's staff. This process used to gather comments for the rulemaking during the development stage was really quite good and resulted in a really helpful rule. Boeing Company particularly supports the clean fuel exemption because they have multiple stacks at their facility, only a few of which actually have any ability to generate opacity. With the rule changes, monitoring can focus on things that generate excess opacity. The monitoring schedule can be set in the operating permit or construction permit based on the unit risk of opacity violation.

COMMENT #3: The AECOM consultant, representing the air committee of the St. Louis Regional Chamber Environmental Council, commented that they support the proposed rule changes and reiterate the Boeing Company comments. To represent the entirety of the committee and point sources, area sources also appreciate the changes and support the changes that will be helpful in the day-to-day operations of members.

COMMENT #4: AMEREN commented that they are supportive of the proposed revisions to the opacity rule that recognizes that, in certain cases, opacity monitoring is unnecessary. The proposed revisions also recognize advances in technology as well as recent environmental regulations. In particular, AMEREN supports the requirement that opacity monitoring systems are not needed for facilities that are required to comply with the Mercury and Air Toxics Standards rule and have installed particulate matter continuous emissions monitoring systems on ten (10) electric generating units. They fully support the exemption for emission units burning clean fuels that will never exceed the emission limitations in the rule. In summary, AMEREN commends the Missouri Department of Natural Resources for the proposed revisions to the opacity rule and urges the State of Missouri to finalize and implement the revisions as soon as possible.

RESPONSE: The program appreciates the positive feedback. No changes were made to the rule language as a result of these comments.

COMMENT #5: KCPL suggested alternative subsection (3)(A) and (3)(B) language for a much clearer definition of the six (6)-minute block averaging period and the potential exemption of one (1) averaging period per hour up to sixty percent (60%) opacity.

RESPONSE: Section (3) of this rule establishes the requirements that applicable visible emission sources must meet. Subsections (3)(A) and (3)(B) provide the visible emission requirements and an allowable exception. Subsection (3)(E) requires that compliance determination for applicable sources must use opacity measurements taken in accordance with the test methods in section (5). The actual test method includes specific language to convey the same thoughts provided in the alternative language suggested. Therefore, no changes were made to the rule language as a result of this comment.

COMMENT #6: KCPL requested to maintain EPA Method 22 as an allowed test method as an expedient preliminary screen to identify cases where opacity is above the standard before Method 9 is applied.

RESPONSE: Method 22 is being removed from the rule because it only provides qualitative measurements of visible emissions rather than quantitative measurements needed to determine compliance. Applicable sources can still use Method 22 for their own purposes or as required in their permits. No changes were made to the rule language as a result of these comments.

COMMENT #7: KCPL requested that alternative test methods not be required to be incorporated into the rule and state implementation

plan (SIP) prior to implementation. Typically, alternative test method approvals are granted on a case-by-case basis by letter to all relevant parties without rule or SIP change.

RESPONSE: The EPA requires that alternative test methods be approved by the director and EPA as well as being incorporated into the rule and the SIP. Therefore, no changes were made to the rule language as a result of this comment.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 40—Comprehensive Emergency Medical Services
Systems Regulations**

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 190.098, 190.109, 190.160, and 190.185, RSMo Supp. 2013, and sections 190.142 and 190.165, RSMo Supp. 2016, the department adopts a rule as follows:

19 CSR 30-40.800 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on June 15, 2016 (41 MoReg 782-799). Changes have been made in the text of the proposed rule, so it is reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services received fifteen (15) comments.

COMMENT #1: Lynthia Andrews, with the State Advisory Council on Emergency Medical Services; Shane Lockard, with the Missouri Ambulance Association; Brad Mason, with Mid-America Regional Council Emergency Rescue; Ruby Mehrer, with the Missouri Emergency Medical Services Association; B. Scott Roy, with the Ambulance District Association of Missouri; Jennifer Cordia, with Christian Hospital; Ray Antonacci, with the Lincoln County Ambulance District; Bonnie Stegman, Brian Hendricks, Christopher Bosche, Craig Walk, and Todd Besancenez, with the Mehlville Fire Protection District; Velvet Shoults, with Mercy Hospital Springfield; Kieth Pantaleo, with the Salt River Ambulance District, Ralph Hellebusch, with the Warren County Ambulance District; Shannon Watson, with the East Central Region Committee for EMS; Terry Reese, with the Missouri Nurses Association and Terisa McGinnis, with the Central Jackson County Fire Protection District request that the department change the date in paragraph (2)(A)1. from August 28, 2013, to January 1, 2016, in order to include other community paramedic pilot programs in Missouri that have come about after the effective date of the statute.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has made this change to 19 CSR 30-40.800 by changing the date in paragraph (2)(A)1. from August 28, 2013, which was the date that section 190.098, RSMo, became effective, to January 1, 2016.

COMMENT #2: Shannon Watson, with the East Central Region Committee on EMS, comments that the grandfathered programs for the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) in paragraph (2)(A)1. should seek accreditation with CoAEMSP by January 1, 2018.

RESPONSE: Section 190.098, RSMo, does not give the department the authority to regulate the Emergency Medical Technician-Community Paramedic training entities in Missouri. Thus, the department cannot require all Emergency Medical Technician-Community Paramedic training entities in Missouri to seek accreditation with CoAEMSP by January 1, 2018. However, paragraph

(2)(A)1. prohibits any applicant for Emergency Medical Technician-Community Paramedic certification with the department from being trained by an Emergency Medical Technician-Community Paramedic program which was not CoAEMSP accredited by January 1, 2016, and who meets the requirements in paragraphs (2)(A)2. and (2)(A)3. Therefore, Emergency Medical Technician-Community Paramedic training entities in Missouri will have had to seek and obtain CoAEMSP accreditation after January 1, 2016, in order for their Emergency Medical Technician-Community Paramedic students to get certified as Emergency Medical Technician-Community Paramedics by the department. No change has been made as a result of this comment.

COMMENT #3: Lynthia Andrews, with the State Advisory Council on Emergency Medical Services; Shane Lockard, with the Missouri Ambulance Association; Brad Mason, with Mid-America Regional Council Emergency Rescue; Ruby Mehrer, with the Missouri Emergency Medical Services Association; B. Scott Roy, with the Ambulance District Association of Missouri; Jennifer Cordia, with Christian Hospital; Ray Antonacci, with the Lincoln County Ambulance District; Bonnie Stegman, Brian Hendricks, Christopher Bosche, Craig Walk, and Todd Besancenez, with the Mehlville Fire Protection District; Velvet Shoults, with Mercy Hospital Springfield; Kieth Pantaleo, with the Salt River Ambulance District, Ralph Hellebusch, with the Warren County Ambulance District; Shannon Watson, with the East Central Region Committee for EMS; and Terisa McGinnis, with the Central Jackson County Fire Protection District request that the department change the scope of practice of Emergency Medical Technician-Community Paramedics from the *EMT-Paramedic National Standard Curriculum* to language consistent with 19 CSR 30-40.342 and section 190.142, RSMo, as the *Emergency Medical Technician- Paramedic National Standard Curriculum* is outdated and was never intended to be used as a scope of practice. Further, Terry Reese, with the Missouri Nurses Association also comments on the 1998 publication date of the *EMT-Paramedic National Standard Curriculum* and states that it is a major problem nationally for emergency medical services. Mr. Reese comments that he would like to see consistency of scope of practice. Mr. Reese also comments that the Missouri Nurses Association solidly supports the effort for meeting national credentialing requirements. Finally, Carol Hudspeth, with the Missouri Alliance for Home Care comments that although the *EMT-Paramedic National Standard Curriculum* was published in 1998, she feels strongly that by taking this reference out then it could leave the rule vague and open to interpretation by each medical director.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and has made the change. The department will change the language to require Emergency Medical Technician-Community Paramedics to be able to perform the skills consistent with section 190.142.4, RSMo, and 19 CSR 30-40.342. Emergency Medical Technician-Community Paramedic students are required to receive forty (40) hours of clinical experience in a clinical setting and sixty (60) hours of didactic training and practical and lab skills covering five (5) subject areas pursuant to paragraphs (2)(A)2. and (2)(A)3. of this proposed rule. Further, any Emergency Medical Technician-Community Paramedic program after the new date of January 1, 2016, will be required to be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) to make sure that students in the Emergency Medical Services field meet the standards of their profession through a national accreditation process. Thus, Emergency Medical Technician-Community Paramedics will be assured of receiving training, education, and experience to practice as Community Paramedics through the educational and accreditation process.

COMMENT #4: Terry Reese, with the Missouri Nurses Association, comments that he believes the Regional Advisory Committees must

be included, along with the medical directors for oversight and consistency. Mr. Reese would like to see local committee development for the various regions or entities managing the EMS systems through the state in their development of the education programs meeting the criteria presented in the rules.

RESPONSE: Section 190.098, RSMo, does not give the department the authority to create new committees specific for the Emergency Medical Technician-Community Paramedic certification program. However, there is already in existence a state advisory council on emergency medical services pursuant to section 190.101, RSMo. The purpose of this council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures, and proposed regulations on how to improve the statewide emergency medical services system. The council also advises the governor, the general assembly, and the department on all aspects of the emergency medical services system. There are also regional EMS advisory committees already in existence pursuant to section 190.102, RSMo. These regional EMS advisory committees advise and make recommendations to the region and the department on specific topics including the improvement of public education. No changes have been made to the rule as a result of this comment.

COMMENT #5: Terry Reese, with the Missouri Nurses Association, comments that he is concerned about the lack of stringent follow-up for those individuals serviced by the Emergency Medical Technician-Community Paramedic when there is no identifiable health care provider.

RESPONSE: Section 190.098.2, RSMo, provides that a community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice arrangement with a physician or a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services to the patient from another provider. In this situation, the medical provider will be easily identified. The department further addresses a situation in the proposed rule in subsection (6)(A) where no health care plan has been established. In this situation, the Emergency Medical Technician-Community Paramedic shall follow-up with the patient's medical provider designated by the patient to ensure transition of care. This follow-up may include at a minimum, patient assessment, patient treatment, and/or rendered services. No changes have been made to the rule as a result of this comment.

COMMENT #6: Terry Reese, with the Missouri Nurses Association, comments that with any new endeavor, an evaluation should occur within a reasonable time after implementation for each specific geographic region.

RESPONSE: The department has provided for an evaluation component in subsection (5)(B) where the medical director and the administrator of the ambulance service which utilizes Emergency Medical Technician-Community Paramedics are required to assess the needs of the community to implement an evaluation component to the community paramedic program which shall improve patient outcomes, ensure patient satisfaction, and decrease adverse outcomes. No changes have been made to the rule as a result of this comment.

COMMENT #7: Carol Hudspeth, with the Missouri Alliance for Home Care, comments that an area of concern is that the proposed regulation does not address assurance of no duplication of services with other health care providers as required by the statute.

RESPONSE: Section 190.098.2, RSMo, states, "A community paramedic shall practice in accordance with protocols and supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice arrangement with a physician or a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services

to the patient from another provider.” The statute speaks for itself and the community paramedic programs must follow the statute and only provide services if there is no duplication of services to the patient from another provider. The proposed rule does not have to restate this same statute as the statute is already the law and is enforceable in its own right. No changes have been made to the rule as a result of this comment.

COMMENT #8: Carol Hudspeth, with the Missouri Alliance for Home Care, comments that she requests that mental health program and Alzheimer’s training be added to subsection (2)(A) as required by law for other providers.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and will add mental health and Alzheimer’s training under subparagraph (2)(A)2.A. It should be noted that Emergency Medical Technician-Paramedics trained in Missouri already receive mental health training through their training programs because this concept is included in the *Emergency Medical Technician-Paramedic National Standard Curriculum* that Missouri training entities are required to train students on pursuant to 19 CSR 30-40.331.

COMMENT #9: Carol Hudspeth, with the Missouri Alliance for Home Care, comments that she would like to see subparagraph (2)(A)2.C. removed because this concept for the didactic training implies that Emergency Medical Technician-Community Paramedics participate in primary care.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and will change the didactic training requirement in subparagraph (2)(A)2.C. in the proposed rule from “The Role of the Community Paramedic in Public and Primary Care” to “The Role of the Community Paramedic in the Community.”

COMMENT #10: Carol Hudspeth, with the Missouri Alliance for Home Care, comments that she recommends that a policy manual be developed to provide guidance and clarification to the law to assist medical directors and Emergency Medical Technician-Community Paramedics in the development of the protocols and operation of the program.

RESPONSE: The department will take this under consideration in light of the definition of a “rule” in section 536.010(6), RSMo, and applicable case law. No changes have been made as a result of this comment.

COMMENT #11: Terry Reese, with the Missouri Nurses Association and Carol Hudspeth, with the Missouri Alliance for Home Care, comment that it may be best to put this proposed rule on hold until changes may be made to section 190.098, RSMo, in the upcoming legislative session or there are more discussions regarding this proposed rule.

RESPONSE: Section 190.098, RSMo, became effective on August 28, 2013. The department has worked with the Missouri Nurses Association, the Missouri Alliance for Home Care, and the emergency medical services community during the past three (3) years to draft this proposed rule. The department has made numerous changes to this proposed rule based on the suggestions from these groups. At this time, the department will move forward with this proposed rule and will address any future changes to section 190.098, RSMo, or additional suggestions from these and other groups as they occur. No changes have been made to the rule as a result of this comment.

19 CSR 30-40.800 EMT-Community Paramedic, Community Paramedic Program, and Medical Director for EMT-Community Paramedic Program

(2) EMT-Community Paramedic (EMT-CP) Certification Requirements.

(A) The applicant for EMT-CP certification shall have successfully completed a community paramedic certification program from a

college, university, or educational institution that meets the following requirements:

1. Is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) or prior to January 1, 2016, conducted a pilot program meeting or exceeding the requirements in paragraphs (2)(A)2. and (2)(A)3. below;

2. Provides a minimum of sixty (60) hours of didactic training and practical and lab skills covering at a minimum the following subjects:

A. The Community Paramedic’s Role in the Health Care System which includes training on mental health illnesses and Alzheimer’s disease;

B. The Social Determinants of Health Model;

C. The Role of the Community Paramedic in the Community;

D. Developing Cultural Competency; and

E. Personal Safety and Wellness of the Community Paramedic; and

3. Includes at least forty (40) hours of clinical experience in a clinical setting.

(4) EMT-Community Paramedic (EMT-CP) Scope of Practice and Authority to Practice.

(A) An EMT-CP shall perform only those skills consistent with section 190.142.4, RSMo, and 19 CSR 30-40.342(3).

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

**NOTIFICATION OF REVIEW:
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for November 22, 2016. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name
City (County)
Cost, Description

10/11/2016

#5388 HT: Barnes-Jewish St. Peters Hospital
St. Peters (St. Charles County)
\$2,922,500, Replace Linear Accelerator

#5389 HT: Missouri Baptist Medical Center
St. Louis (St. Louis County)
\$3,101,722, Replace Linear Accelerator

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by November 11, 2016. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Karla Houchins at (573) 751-6700.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to dissolutions@sos.mo.gov.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE MOBERLY REAL ESTATE, LLC.
2. The Articles of Organization for WESTLAKE MOBERLY REAL ESTATE, LLC were filed with the Missouri Secretary of State on May 23, 2005.
3. On September 15, 2016, WESTLAKE MOBERLY REAL ESTATE, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE MOBERLY REAL ESTATE, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE MOBERLY REAL ESTATE, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE MOBERLY REAL ESTATE, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE MEXICO REAL ESTATE, LLC.
2. The Articles of Organization for WESTLAKE MEXICO REAL ESTATE, LLC were filed with the Missouri Secretary of State on May 23, 2005.
3. On September 15, 2016, WESTLAKE MEXICO REAL ESTATE, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE MEXICO REAL ESTATE, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE MEXICO REAL ESTATE, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE MEXICO REAL ESTATE, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

**NOTICE OF DISSOLUTION AND WINDING UP
TO ALL CREDITORS OF AND CLAIMANTS AGAINST
ENHANCED HISTORIC CREDIT PARTNERS 2007 FUND, LLC**

On August 29, 2016, Enhanced Historic Credit Partners 2007 Fund, LLC, a Missouri limited liability company, filed its Notice of Winding Up with the Missouri Secretary of State.

You are hereby notified that if you believe you have a claim against Enhanced Historic Credit Partners 2007 Fund, LLC, you must submit a summary in writing of the circumstances surrounding your claim to Lara Wolf, 2025 S. Brentwood Blvd., Suite 102, St. Louis, Missouri 63144. The summary must include the following information: (1) the name, address, and telephone number of the claimant; (2) amount of claim; (3) basis of the claim; (4) the date on which the claim arose; and (5) documentation supporting the claim.

All claims against Enhanced Historic Credit Partners 2007 Fund, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE SPRINGFIELD REAL ESTATE, LLC.
2. The Articles of Organization for WESTLAKE SPRINGFIELD REAL ESTATE, LLC were filed with the Missouri Secretary of State on May 23, 2005.
3. On September 15, 2016, WESTLAKE SPRINGFIELD REAL ESTATE, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE SPRINGFIELD REAL ESTATE, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE SPRINGFIELD REAL ESTATE, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE SPRINGFIELD REAL ESTATE, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

**Notice of Winding Up of Limited Liability Company
to All Creditors of and All Claimants Against
EJ Mortgage, L.L.C.**

On September 30, 2016, EJ Mortgage, L.L.C., a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State.

Any claims against the Company must be sent to: EJ Mortgage, L.L.C., c/o General Counsel, 12555 Manchester Road, St. Louis, Missouri 63131. Each claim must include the name, address and phone number of the claimant; the amount and nature of the claim; the date on which the claim arose; and any claim documentation.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the date of publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE COLUMBIA REAL ESTATE, LLC.
2. The Articles of Organization for WESTLAKE COLUMBIA REAL ESTATE, LLC were filed with the Missouri Secretary of State on July 5, 2005.
3. On September 15, 2016, WESTLAKE COLUMBIA REAL ESTATE, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE COLUMBIA REAL ESTATE, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE COLUMBIA REAL ESTATE, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE COLUMBIA REAL ESTATE, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

**Notice of Dissolution
to All Creditors of and All Claimants Against
Crestwood Plaza Urban Redevelopment Corporation**

On September 22, 2016, Crestwood Plaza Urban Redevelopment Corporation, a Missouri corporation (the "Company"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

Any claims against the Company must be sent to: Robert J. Kuker, 401 W. Superior St., Suite 200, Chicago, Illinois 60654. Each claim must include the name, address and phone number of claimant; amount and nature of claim; date on which the claim arose; and any claim documentation.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE RAYTOWN REAL ESTATE, LLC.
2. The Articles of Organization for WESTLAKE RAYTOWN REAL ESTATE, LLC were filed with the Missouri Secretary of State on May 23, 2005.
3. On September 15, 2016, WESTLAKE RAYTOWN REAL ESTATE, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE RAYTOWN REAL ESTATE, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE RAYTOWN REAL ESTATE, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE RAYTOWN REAL ESTATE, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is WESTLAKE REAL ESTATE HOLDING COMPANY, LLC.
2. The Articles of Organization for WESTLAKE REAL ESTATE HOLDING COMPANY, LLC were filed with the Missouri Secretary of State on May 23, 2005.
3. On September 15, 2016, WESTLAKE REAL ESTATE HOLDING COMPANY, LLC filed a Notice of Winding Up for Limited Liability Company with the Secretary of State of Missouri.
4. Persons with claims against WESTLAKE REAL ESTATE HOLDING COMPANY, LLC should present them in accordance with the following procedure:
 - (a) In order to file a claim with WESTLAKE REAL ESTATE HOLDING COMPANY, LLC, you must furnish the following:
 - (i) Amount of the claim
 - (ii) Basis for the claim
 - (iii) Documentation for the claim
 - (b) The claim must be mailed to:

William R. Dickson
2900 Glenview Avenue
Austin, TX 78703-1960
5. All claims against WESTLAKE REAL ESTATE HOLDING COMPANY, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—39 (2014) and 40 (2015). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	OFFICE OF ADMINISTRATION State Officials' Salary Compensation Schedule				40 MoReg 1836 41 MoReg 1477
1 CSR 10-12.011	Commissioner of Administration		This Issue		
1 CSR 10-17.010	Commissioner of Administration		41 MoReg 660	41 MoReg 1384	
1 CSR 10-17.040	Commissioner of Administration		41 MoReg 661	41 MoReg 1384	
1 CSR 10-17.050	Commissioner of Administration		41 MoReg 666	41 MoReg 1385	
1 CSR 15-3.200	Administrative Hearing Commission		This Issue		
1 CSR 15-3.210	Administrative Hearing Commission		This Issue		
1 CSR 15-3.250	Administrative Hearing Commission		This Issue		
1 CSR 15-3.270	Administrative Hearing Commission		This Issue		
1 CSR 15-3.290	Administrative Hearing Commission		This Issue		
1 CSR 15-3.320	Administrative Hearing Commission		This Issue		
1 CSR 15-3.350	Administrative Hearing Commission		This Issue		
1 CSR 15-3.380	Administrative Hearing Commission		This Issue		
1 CSR 15-3.390	Administrative Hearing Commission		This Issue		
1 CSR 15-3.410	Administrative Hearing Commission		This Issue		
1 CSR 15-3.420	Administrative Hearing Commission		This Issue		
1 CSR 15-3.425	Administrative Hearing Commission		This Issue		
1 CSR 15-3.431	Administrative Hearing Commission		This Issue		
1 CSR 15-3.446	Administrative Hearing Commission		This Issue		
1 CSR 15-3.560	Administrative Hearing Commission		This Issue		
1 CSR 15-3.580	Administrative Hearing Commission		This Issue		
1 CSR 20-5.015	Personnel Advisory Board and Division of Personnel		This Issue		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		This Issue		
1 CSR 30-5.010	Division of Facilities Management, Design and Construction		41 MoReg 667	41 MoReg 1385	
1 CSR 40-1.050	Purchasing and Materials Management		41 MoReg 671	41 MoReg 1386	
DEPARTMENT OF AGRICULTURE					
2 CSR 30-10.010	Animal Health	40 MoReg 1623	41 MoReg 548	41 MoReg 1104	
2 CSR 80-2.010	State Milk Board		41 MoReg 727	41 MoReg 1191	
2 CSR 80-2.020	State Milk Board		41 MoReg 727	41 MoReg 1191	
2 CSR 80-2.030	State Milk Board		41 MoReg 728	41 MoReg 1191	
2 CSR 80-2.040	State Milk Board		41 MoReg 728	41 MoReg 1191	
2 CSR 80-2.050	State Milk Board		41 MoReg 832	41 MoReg 1474	
2 CSR 80-2.060	State Milk Board		41 MoReg 729	41 MoReg 1191	
2 CSR 80-2.070	State Milk Board		41 MoReg 729	41 MoReg 1192	
2 CSR 80-2.080	State Milk Board		41 MoReg 731	41 MoReg 1192	
2 CSR 80-2.091	State Milk Board		41 MoReg 731	41 MoReg 1192	
2 CSR 80-2.101	State Milk Board		41 MoReg 731	41 MoReg 1192	
2 CSR 80-2.110	State Milk Board		41 MoReg 732	41 MoReg 1192	
2 CSR 80-2.121	State Milk Board		41 MoReg 732	41 MoReg 1192	
2 CSR 80-2.130	State Milk Board		41 MoReg 733	41 MoReg 1193	
2 CSR 80-2.141	State Milk Board		41 MoReg 733	41 MoReg 1193	
2 CSR 80-2.151	State Milk Board		41 MoReg 734	41 MoReg 1193	
2 CSR 80-2.161	State Milk Board		41 MoReg 734	41 MoReg 1193	
2 CSR 80-2.170	State Milk Board		41 MoReg 734	41 MoReg 1193	
2 CSR 80-2.180	State Milk Board		41 MoReg 735	41 MoReg 1193	
2 CSR 80-2.181	State Milk Board		41 MoReg 735	41 MoReg 1193	
2 CSR 80-3.060	State Milk Board		41 MoReg 736	41 MoReg 1194	
2 CSR 80-3.120	State Milk Board		41 MoReg 736	41 MoReg 1194	
2 CSR 80-3.130	State Milk Board		41 MoReg 736	41 MoReg 1194	
2 CSR 80-4.010	State Milk Board		41 MoReg 737	41 MoReg 1194	
2 CSR 90-10.001	Weights and Measures		41 MoReg 939		
2 CSR 90-10.011	Weights and Measures		41 MoReg 939		
2 CSR 90-10.012	Weights and Measures		41 MoReg 940		
2 CSR 90-10.013	Weights and Measures		41 MoReg 940		
2 CSR 90-10.014	Weights and Measures				
2 CSR 90-10.020	Weights and Measures		41 MoReg 940		
2 CSR 90-10.040	Weights and Measures		41 MoReg 941		
2 CSR 90-10.090	Weights and Measures		41 MoReg 941R		
2 CSR 90-10.120	Weights and Measures				
2 CSR 90-30.040	Weights and Measures	41 MoReg 1029	41 MoReg 1031		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.111	Conservation Commission		41 MoReg 1300		
3 CSR 10-5.210	Conservation Commission		41 MoReg 1300		
3 CSR 10-6.505	Conservation Commission		41 MoReg 1303		
3 CSR 10-6.530	Conservation Commission		41 MoReg 1303		
3 CSR 10-9.110	Conservation Commission		41 MoReg 1304		
3 CSR 10-9.440	Conservation Commission		41 MoReg 1305		
3 CSR 10-10.727	Conservation Commission		41 MoReg 1305		
3 CSR 10-11.115	Conservation Commission		41 MoReg 1306		
3 CSR 10-11.185	Conservation Commission		41 MoReg 1306		
3 CSR 10-11.205	Conservation Commission		41 MoReg 1306		
3 CSR 10-11.215	Conservation Commission		41 MoReg 1307		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
3 CSR 10-12.110	Conservation Commission		41 MoReg 1307		
3 CSR 10-12.115	Conservation Commission		41 MoReg 1307		
3 CSR 10-12.125	Conservation Commission		41 MoReg 489	41 MoReg 1001	
			N.A.	41 MoReg 1388	
3 CSR 10-12.140	Conservation Commission		N.A.	41 MoReg 1389	
3 CSR 10-12.145	Conservation Commission		N.A.	41 MoReg 1389	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 240-3.105	Public Service Commission		41 MoReg 305	41 MoReg 1104W	
4 CSR 340-2	Division of Energy				41 MoReg 1440
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 20-100.110	Division of Learning Services		41 MoReg 443	41 MoReg 1104	
5 CSR 20-100.120	Division of Learning Services		41 MoReg 443	41 MoReg 1105	
5 CSR 20-200.110	Division of Learning Services		41 MoReg 832R		
5 CSR 20-200.120	Division of Learning Services		41 MoReg 833R		
5 CSR 20-200.130	Division of Learning Services		41 MoReg 833R		
5 CSR 20-200.140	Division of Learning Services		41 MoReg 833R		
5 CSR 20-200.150	Division of Learning Services		41 MoReg 833R		
5 CSR 20-200.220	Division of Learning Services		41 MoReg 834R		
5 CSR 20-200.270	Division of Learning Services		41 MoReg 834R		
5 CSR 20-400.380	Division of Learning Services		41 MoReg 941		
5 CSR 20-400.640	Division of Learning Services		This Issue		
5 CSR 30-680.050	Division of Financial and Administrative Services		41 MoReg 737	41 MoReg 1474	
5 CSR 100-200.035	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 738	41 MoReg 1390	
5 CSR 100-200.040	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 738	41 MoReg 1390	
5 CSR 100-200.047	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 739	41 MoReg 1390	
5 CSR 100-200.050	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 739	41 MoReg 1390	
5 CSR 100-200.060	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 739	41 MoReg 1391	
5 CSR 100-200.070	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 740	41 MoReg 1391	
5 CSR 100-200.095	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 740	41 MoReg 1391	
5 CSR 100-200.130	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 740	41 MoReg 1391	
5 CSR 100-200.170	Missouri Commission for the Deaf and Hard of Hearing		41 MoReg 741	41 MoReg 1391	
DEPARTMENT OF HIGHER EDUCATION					
6 CSR 10-2.080	Commissioner of Higher Education		41 MoReg 885	41 MoReg 1474	
6 CSR 10-2.100	Commissioner of Higher Education		41 MoReg 886	41 MoReg 1474	
6 CSR 10-2.120	Commissioner of Higher Education		41 MoReg 887	41 MoReg 1475	
6 CSR 10-2.130	Commissioner of Higher Education		41 MoReg 888R	41 MoReg 1475R	
6 CSR 10-2.140	Commissioner of Higher Education		41 MoReg 888	41 MoReg 1475	
6 CSR 10-2.150	Commissioner of Higher Education		41 MoReg 889	41 MoReg 1475	
6 CSR 10-2.160	Commissioner of Higher Education		41 MoReg 890	41 MoReg 1475	
6 CSR 10-2.170	Commissioner of Higher Education		41 MoReg 891	41 MoReg 1475	
6 CSR 10-2.180	Commissioner of Higher Education		41 MoReg 891	41 MoReg 1476	
6 CSR 10-2.190	Commissioner of Higher Education		41 MoReg 1465		
6 CSR 10-2.200	Commissioner of Higher Education		41 MoReg 892	41 MoReg 1476	
6 CSR 10-13.010	Commissioner of Higher Education		41 MoReg 894		
DEPARTMENT OF TRANSPORTATION					
7 CSR	Department of Transportation				41 MoReg 845
7 CSR 10-1.010	Missouri Highways and Transportation Commission		41 MoReg 1131		
7 CSR 10-25.010	Missouri Highways and Transportation Commission				41 MoReg 1106
					41 MoReg 1211
					41 MoReg 1212
					41 MoReg 1480
					41 MoReg 1480
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR	Department of Labor and Industrial Relations				41 MoReg 845
DEPARTMENT OF MENTAL HEALTH					
9 CSR	Department of Mental Health				41 MoReg 845
9 CSR 10-5.250	Director, Department of Mental Health		41 MoReg 775	41 MoReg 1392	
9 CSR 10-7.140	Director, Department of Mental Health		41 MoReg 494	41 MoReg 1194	
9 CSR 30-3.310	Certification Standards		41 MoReg 678	41 MoReg 1195	
9 CSR 45-3.030	Division of Developmental Disabilities		41 MoReg 1065		
9 CSR 45-3.040	Division of Developmental Disabilities		41 MoReg 1066		
9 CSR 45-3.060	Division of Developmental Disabilities		41 MoReg 1067		
9 CSR 45-4.020	Division of Developmental Disabilities		41 MoReg 775	41 MoReg 1392	
9 CSR 45-4.030	Division of Developmental Disabilities		41 MoReg 494R	41 MoReg 1195R	
9 CSR 45-4.040	Division of Developmental Disabilities		41 MoReg 495R	41 MoReg 1195R	
9 CSR 60-1.010	Research		41 MoReg 1069		
9 CSR 60-1.015	Research		41 MoReg 1069		
DEPARTMENT OF NATURAL RESOURCES					
10 CSR	Department of Natural Resources				41 MoReg 845
10 CSR 10-6.210	Air Conservation Commission		41 MoReg 742	This Issue	
10 CSR 10-6.220	Air Conservation Commission		41 MoReg 555	This Issue	
10 CSR 10-6.250	Air Conservation Commission		40 MoReg 1023	41 MoReg 37	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
10 CSR 20-6.011	Clean Water Commission				41 MoReg 1212
10 CSR 20-6.300	Clean Water Commission		41 MoReg 308	41 MoReg 1195	
10 CSR 20-8.300	Clean Water Commission		41 MoReg 322	41 MoReg 1198	
10 CSR 20-8.500	Clean Water Commission		41 MoReg 1070		
10 CSR 26-2.010	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1133		
10 CSR 26-2.011	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1134		
10 CSR 26-2.012	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1135		
10 CSR 26-2.013	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1138		
10 CSR 26-2.019	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1139		
10 CSR 26-2.020	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1147		
10 CSR 26-2.021	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1150		
10 CSR 26-2.022	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1159		
10 CSR 26-2.030	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1159		
10 CSR 26-2.031	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1161		
10 CSR 26-2.032	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1162		
10 CSR 26-2.033	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1162		
10 CSR 26-2.034	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1164		
10 CSR 26-2.035	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1165		
10 CSR 26-2.036	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1165		
10 CSR 26-2.040	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1166		
10 CSR 26-2.041	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1167		
10 CSR 26-2.042	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1168		
10 CSR 26-2.043	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1169		
10 CSR 26-2.044	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1171		
10 CSR 26-2.045	Petroleum and Hazardous Substance Storage Tanks (<i>Changed to 10 CSR 26-2.048</i>)		41 MoReg 1172		
10 CSR 26-2.046	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1172 41 MoReg 1308		
10 CSR 26-2.047	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1173 41 MoReg 1309		
10 CSR 26-2.048	Petroleum and Hazardous Substance Storage Tanks (<i>Changed from 10 CSR 26-2.045</i>)		41 MoReg 1172		
10 CSR 26-2.050	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1174		
10 CSR 26-2.052	Petroleum and Hazardous Substance Storage Tanks		41 MoReg 1174		
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 45-1.100	Missouri Gaming Commission	41 MoReg 1261	41 MoReg 1309		
11 CSR 45-3.010	Missouri Gaming Commission	41 MoReg 1262	41 MoReg 1310		
11 CSR 45-4.020	Missouri Gaming Commission		This Issue		
11 CSR 45-5.053	Missouri Gaming Commission		This Issue		
11 CSR 45-8.140	Missouri Gaming Commission	41 MoReg 1053	41 MoReg 1078		
11 CSR 45-9.108	Missouri Gaming Commission	41 MoReg 1054	41 MoReg 1078		
11 CSR 45-9.113	Missouri Gaming Commission		41 MoReg 834		
11 CSR 45-9.120	Missouri Gaming Commission		This Issue		
11 CSR 45-12.090	Missouri Gaming Commission		41 MoReg 1310		
11 CSR 45-13.051	Missouri Gaming Commission		41 MoReg 946		
11 CSR 45-13.054	Missouri Gaming Commission	41 MoReg 1262	41 MoReg 1311		
11 CSR 45-13.055	Missouri Gaming Commission	41 MoReg 1263	41 MoReg 1312		
11 CSR 45-13.065	Missouri Gaming Commission	41 MoReg 1264	41 MoReg 1312		
11 CSR 45-17.030	Missouri Gaming Commission	41 MoReg 1265	41 MoReg 1313		
11 CSR 45-17.040	Missouri Gaming Commission	41 MoReg 1266	41 MoReg 1313		
11 CSR 45-30.056	Missouri Gaming Commission		41 MoReg 946		
11 CSR 45-30.175	Missouri Gaming Commission		41 MoReg 947		
11 CSR 45-30.280	Missouri Gaming Commission		41 MoReg 947		
11 CSR 45-30.540	Missouri Gaming Commission		41 MoReg 948		
11 CSR 45-30.600	Missouri Gaming Commission		41 MoReg 949		
11 CSR 45-30.610	Missouri Gaming Commission		41 MoReg 949		
11 CSR 45-40.010	Missouri Gaming Commission	41 MoReg 1267	41 MoReg 1313		
11 CSR 45-40.020	Missouri Gaming Commission	41 MoReg 1268	41 MoReg 1314		
11 CSR 45-40.030	Missouri Gaming Commission	41 MoReg 1269	41 MoReg 1315		
11 CSR 45-40.040	Missouri Gaming Commission	41 MoReg 1270	41 MoReg 1316		
11 CSR 45-40.050	Missouri Gaming Commission	41 MoReg 1271	41 MoReg 1316		
11 CSR 45-40.060	Missouri Gaming Commission	41 MoReg 1273	41 MoReg 1320		
11 CSR 45-40.070	Missouri Gaming Commission	41 MoReg 1274	41 MoReg 1323		
11 CSR 45-40.090	Missouri Gaming Commission	41 MoReg 1275	41 MoReg 1323		
11 CSR 45-40.100	Missouri Gaming Commission	41 MoReg 1276	41 MoReg 1323		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
11 CSR 75-18.010	Peace Officer Standards and Training Program		40 MoReg 232	40 MoReg 969	
11 CSR 75-18.020	Peace Officer Standards and Training Program		40 MoReg 233	40 MoReg 973	
11 CSR 75-18.030	Peace Officer Standards and Training Program		40 MoReg 234	40 MoReg 973	
11 CSR 75-18.040	Peace Officer Standards and Training Program		40 MoReg 234	40 MoReg 976	
11 CSR 75-18.050	Peace Officer Standards and Training Program		40 MoReg 235	40 MoReg 976	
11 CSR 75-18.060	Peace Officer Standards and Training Program		40 MoReg 235	40 MoReg 976	
11 CSR 75-18.070	Peace Officer Standards and Training Program		40 MoReg 236	40 MoReg 976	
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12 CSR 30-4.010	State Tax Commission		41 MoReg 160		
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13 CSR 30-1.010	Child Support Enforcement		This IssueR		
13 CSR 30-2.020	Child Support Enforcement		This IssueR		
13 CSR 35-20.010	Children's Division (<i>Changed to 13 CSR 35-31.020</i>)				41 MoReg 1440
13 CSR 35-31.020	Children's Division (<i>Changed from 13 CSR 35-20.010</i>)				41 MoReg 1440
13 CSR 35-31.050	Children's Division		41 MoReg 1324		
13 CSR 40-1.010	Family Support Division		This Issue		
13 CSR 40-2.250	Family Support Division		41 MoReg 1335R		
13 CSR 40-15.455	Family Support Division		This Issue		
13 CSR 40-19.010	Family Support Division		This IssueR		
13 CSR 40-19.020	Family Support Division		This Issue		
13 CSR 40-19.030	Family Support Division		This IssueR		
13 CSR 65-3.050	Missouri Medicaid Audit and Compliance Unit		This Issue		
13 CSR 70-3.030	MO HealthNet Division		This Issue		
13 CSR 70-3.240	MO HealthNet Division		This Issue		
13 CSR 70-3.260	MO HealthNet Division		41 MoReg 949		
13 CSR 70-4.090	MO HealthNet Division		41 MoReg 1468		
13 CSR 70-10.016	MO HealthNet Division	41 MoReg 655 41 MoReg 1054	41 MoReg 776		41 MoReg 1392
13 CSR 70-10.030	MO HealthNet Division	41 MoReg 1127	41 MoReg 1175		
13 CSR 70-15.010	MO HealthNet Division	41 MoReg 935	41 MoReg 955		
13 CSR 70-15.030	MO HealthNet Division		41 MoReg 781		41 MoReg 1392
13 CSR 70-15.110	MO HealthNet Division	41 MoReg 936	41 MoReg 957		
13 CSR 70-35.010	MO HealthNet Division		41 MoReg 560		41 MoReg 1392
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14 CSR 80-1.010	State Board of Probation and Parole		41 MoReg 963		
14 CSR 80-2.010	State Board of Probation and Parole		41 MoReg 1335		
14 CSR 80-2.020	State Board of Probation and Parole		41 MoReg 1336		
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15 CSR 30-54.260	Secretary of State		41 MoReg 782		41 MoReg 1476
15 CSR 30-70.010	Secretary of State	41 MoReg 1463	41 MoReg 1472		
15 CSR 30-70.020	Secretary of State	41 MoReg 1463	41 MoReg 1472		
15 CSR 30-70.030	Secretary of State	41 MoReg 1464	41 MoReg 1472		
15 CSR 40-3.120	State Auditor		41 MoReg 563R		41 MoReg 1392R
15 CSR 40-3.125	State Auditor		41 MoReg 563		41 MoReg 1393
15 CSR 40-3.135	State Auditor		41 MoReg 595		41 MoReg 1416
RETIREMENT SYSTEMS					
16 CSR 10-3.010	The Public School Retirement System of Missouri		41 MoReg 744		41 MoReg 1439
16 CSR 10-6.020	The Public School Retirement System of Missouri		41 MoReg 744		41 MoReg 1439
16 CSR 20-4.010	Missouri Local Government Employees' Retirement System (LAGERS)		41 MoReg 1078		
16 CSR 50-2.035	The County Employees' Retirement Fund		41 MoReg 1084		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 10-10.130	Office of the Director	41 MoReg 1277	41 MoReg 1337		
19 CSR 15-8.410	Division of Senior and Disability Services		40 MoReg 131		
19 CSR 20-20.020	Division of Community and Public Health	41 MoReg 1279	41 MoReg 1343		
19 CSR 30-1.002	Division of Regulation and Licensure		This Issue		
19 CSR 30-40.331	Division of Regulation and Licensure		41 MoReg 495		41 MoReg 1205
19 CSR 30-40.342	Division of Regulation and Licensure		41 MoReg 496		41 MoReg 1206
19 CSR 30-40.800	Division of Regulation and Licensure		41 MoReg 782		This Issue
19 CSR 60-50	Missouri Health Facilities Review Committee				41 MoReg 1107 41 MoReg 1441 This Issue
DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION					
20 CSR 400-5.100	Life, Annuities and Health		This Issue		
20 CSR 400-5.400	Life, Annuities and Health		This Issue		
20 CSR 400-5.410	Life, Annuities and Health		This IssueR		
20 CSR 400-5.800	Life, Annuities and Health		This Issue		
20 CSR 400-5.900	Life, Annuities and Health		This Issue		
20 CSR 400-13.100	Life, Annuities and Health		This Issue		
20 CSR 700-1.145	Insurance Licensing		This Issue		
20 CSR 700-1.146	Insurance Licensing		This Issue		
20 CSR 700-1.147	Insurance Licensing		This Issue		
20 CSR 700-1.148	Insurance Licensing		This IssueR		
20 CSR 700-1.170	Insurance Licensing	41 MoReg 1280	41 MoReg 1343		
20 CSR 2070-2.090	State Board of Chiropractic Examiners	This Issue			
20 CSR 2110-2.010	Missouri Dental Board		41 MoReg 1351		
20 CSR 2110-2.050	Missouri Dental Board		41 MoReg 1351		
20 CSR 2110-2.210	Missouri Dental Board		40 MoReg 268		40 MoReg 981
20 CSR 2115-2.060	State Committee of Dietitians		41 MoReg 1084		
20 CSR 2115-2.061	State Committee of Dietitians		41 MoReg 1085		

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20 CSR 2115-2.062	State Committee of Dietitians		41 MoReg 1085		
20 CSR 2120-2.100	State Board of Embalmers and Funeral Directors	41 MoReg 373			
20 CSR 2150-2.001	State Board of Registration for the Healing Arts		41 MoReg 963R 41 MoReg 963		
20 CSR 2150-2.045	State Board of Registration for the Healing Arts		41 MoReg 964		
20 CSR 2150-2.080	State Board of Registration for the Healing Arts	41 MoReg 1286R 41 MoReg 1286	41 MoReg 967R 41 MoReg 967 41 MoReg 1351R 41 MoReg 1352		
20 CSR 2150-2.200	State Board of Registration for the Healing Arts		41 MoReg 971		
20 CSR 2150-2.210	State Board of Registration for the Healing Arts		41 MoReg 976		
20 CSR 2150-2.220	State Board of Registration for the Healing Arts		41 MoReg 981		
20 CSR 2150-2.230	State Board of Registration for the Healing Arts		41 MoReg 984		
20 CSR 2150-2.240	State Board of Registration for the Healing Arts		41 MoReg 987		
20 CSR 2150-2.250	State Board of Registration for the Healing Arts		41 MoReg 991		
20 CSR 2150-2.260	State Board of Registration for the Healing Arts		41 MoReg 994		
20 CSR 2150-3.080	State Board of Registration for the Healing Arts	41 MoReg 1287R 41 MoReg 1287	41 MoReg 1355R 41 MoReg 1355		
20 CSR 2150-3.170	State Board of Registration for the Healing Arts	41 MoReg 1288R 41 MoReg 1289	41 MoReg 1358R 41 MoReg 1358		
20 CSR 2150-4.060	State Board of Registration for the Healing Arts	41 MoReg 1289R 41 MoReg 1290	41 MoReg 1361R 41 MoReg 1361		
20 CSR 2150-6.050	State Board of Registration for the Healing Arts	41 MoReg 1291R 41 MoReg 1291	41 MoReg 1364R 41 MoReg 1364		
20 CSR 2150-7.200	State Board of Registration for the Healing Arts	41 MoReg 1292R 41 MoReg 1292	41 MoReg 1367R 41 MoReg 1367		
20 CSR 2150-8.060	State Board of Registration for the Healing Arts	41 MoReg 1293R 41 MoReg 1294	41 MoReg 1370R 41 MoReg 1370		
20 CSR 2150-9.080	State Board of Registration for the Healing Arts	41 MoReg 1294R 41 MoReg 1295	41 MoReg 1373R 41 MoReg 1373		
20 CSR 2193-2.050	Interior Design Council		41 MoReg 1086		
20 CSR 2193-2.055	Interior Design Council		41 MoReg 1086		
20 CSR 2197-1.040	Board of Therapeutic Massage	41 MoReg 825			
20 CSR 2205-1.050	Missouri Board of Occupational Therapy		41 MoReg 835	41 MoReg 1439	
20 CSR 2210-2.030	State Board of Optometry		41 MoReg 1087		
20 CSR 2220-2.095	State Board of Pharmacy		41 MoReg 1376		
20 CSR 2220-2.200	State Board of Pharmacy	41 MoReg 1056	41 MoReg 1087		
20 CSR 2230-2.070	State Board of Podiatric Medicine	40 MoReg 1875			
20 CSR 2250-3.010	Missouri Real Estate Commission		41 MoReg 1031		
20 CSR 2270-1.051	Missouri Veterinary Medical Board		41 MoReg 1182		
20 CSR 2270-2.080	Missouri Veterinary Medical Board		41 MoReg 1185		
20 CSR 2270-3.045	Missouri Veterinary Medical Board		41 MoReg 1188		
MISSOURI CONSOLIDATED HEALTH CARE PLAN					
22 CSR 10-2.094	Health Care Plan	41 MoReg 1296R 41 MoReg 1296	41 MoReg 1380R 41 MoReg 1380		
22 CSR 10-2.120	Health Care Plan	41 MoReg 1297R 41 MoReg 1298	41 MoReg 1381R 41 MoReg 1382		

Agency	Publication	Effective	Expiration
Department of Agriculture			
Weights and Measures			
2 CSR 90-30.040	Requirement Regulations Regarding Quality for Motor Fuels	41 MoReg 1029	July 25, 2016Jan. 20, 2017
Department of Public Safety			
Missouri Gaming Commission			
11 CSR 45-1.100	Waivers and Variances	41 MoReg 1261	Sept. 8, 2016March 6, 2017
11 CSR 45-3.010	Commission Records	41 MoReg 1262	Sept. 8, 2016March 6, 2017
11 CSR 45-8.140	Application and Verification Procedures for Granting Credit	41 MoReg 1053	Aug. 28, 2016Feb 23, 2017
11 CSR 45-9.108	Minimum Internal Control Standards (MICS)—Chapter H	41 MoReg 1054	Aug. 28, 2016Feb 23, 2017
11 CSR 45-13.054	Fantasy Sports Contest Hearings	41 MoReg 1262	Sept. 8, 2016March 6, 2017
11 CSR 45-13.055	Emergency Order Suspending License Privileges—Expedited Hearing	41 MoReg 1263	Sept. 8, 2016March 6, 2017
11 CSR 45-13.065	Settlements	41 MoReg 1264	Sept. 8, 2016March 6, 2017
11 CSR 45-17.030	Procedure for Entry of Names onto List of Disassociated Persons	41 MoReg 1265	Sept. 8, 2016March 6, 2017
11 CSR 45-17.040	Confidentiality of List of Disassociated Persons	41 MoReg 1266	Sept. 8, 2016March 6, 2017
11 CSR 45-40.010	Definitions	41 MoReg 1267	Sept. 8, 2016March 6, 2017
11 CSR 45-40.020	Waivers and Variances	41 MoReg 1268	Sept. 8, 2016March 6, 2017
11 CSR 45-40.030	Commission Approval of Procedures	41 MoReg 1269	Sept. 8, 2016March 6, 2017
11 CSR 45-40.040	Fantasy Sports Contest Operator Responsibilities	41 MoReg 1270	Sept. 8, 2016March 6, 2017
11 CSR 45-40.050	Operational Requirements for Fantasy Sports Contest Operators	41 MoReg 1271	Sept. 8, 2016March 6, 2017
11 CSR 45-40.060	Cash Reserve and Segregated Account Requirements	41 MoReg 1273	Sept. 8, 2016March 6, 2017
11 CSR 45-40.070	Operational Fees	41 MoReg 1274	Sept. 8, 2016March 6, 2017
11 CSR 45-40.090	Records and Record Retention	41 MoReg 1275	Sept. 8, 2016March 6, 2017
11 CSR 45-40.100	Audits	41 MoReg 1276	Sept. 8, 2016March 6, 2017
Department of Social Services			
MO HealthNet Division			
13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates	41 MoReg 1054	July 28, 2016Jan. 23, 2017
13 CSR 70-10.030	Perspective Reimbursement Plan for Nonstate-Operated Facilities for ICF/IID Services	41 MoReg 1127	Sept. 1, 2016Feb. 27, 2017
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Plan: Outpatient Hospital Reimbursement Methodology	41 MoReg 935	July 1, 2016Dec. 27, 2016
13 CSR 70-15.110	Federal Reimbursement Allowance	41 MoReg 936	July 1, 2016Dec. 27, 2016
Elected Officials			
Secretary of State			
15 CSR 30-70.010	Definitions	41 MoReg 1463	Sept. 19, 2016March 17, 2017
15 CSR 30-70.020	Application Assistant Training, Registration and Renewal	41 MoReg 1463	Sept. 19, 2016March 17, 2017
15 CSR 30-70.030	Program Participant Application and Certification Process	41 MoReg 1464	Sept. 19, 2016March 17, 2017
Department of Health and Senior Services			
Office of the Director			
19 CSR 10-10.130	Missouri Adoptee Rights	41 MoReg 1277	Sept. 8, 2016March 6, 2017
Division of Community and Public Health			
19 CSR 20-20.020	Reporting Communicable, Environmental, and Occupational Diseases	41 MoReg 1279	Sept. 8, 2016March 6, 2017
Department of Insurance, Financial Institutions and Professional Registration			
Insurance Producers			
20 CSR 700-1.170	Licensing Procedures and Standards for Limited Lines Self-Service Storage Insurance Producers	41 MoReg 1280	Aug. 28, 2016Feb. 23, 2017

Agency	Publication	Effective	Expiration
State Board of Chiropractic Examiners			
20 CSR 2070-2.090 Fees	This Issue	Sept. 26, 2016	April 3, 2017
State Board of Registration for the Healing Arts			
20 CSR 2150-2.080 Fees (Res) . . . . .	.41 MoReg 1286	Sept. 11, 2016	March 9, 2017
20 CSR 2150-2.080 Physician Licensure Fees . . . . .	.41 MoReg 1286	Sept. 11, 2016	March 9, 2017
20 CSR 2150-3.080 Fees (Res) . . . . .	.41 MoReg 1287	Sept. 11, 2016	March 9, 2017
20 CSR 2150-3.080 Physical Therapists Licensure Fees . . . . .	.41 MoReg 1287	Sept. 11, 2016	March 9, 2017
20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees (Res) . . . . .	.41 MoReg 1288	Sept. 11, 2016	March 9, 2017
20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees . . . . .	.41 MoReg 1289	Sept. 11, 2016	March 9, 2017
20 CSR 2150-4.060 Fees (Res) . . . . .	.41 MoReg 1289	Sept. 11, 2016	March 9, 2017
20 CSR 2150-4.060 Speech-Language Pathology and Audiology Licensure Fees . . . . .	.41 MoReg 1290	Sept. 11, 2016	March 9, 2017
20 CSR 2150-6.050 Fees (Res) . . . . .	.41 MoReg 1291	Sept. 11, 2016	March 9, 2017
20 CSR 2150-6.050 Athletic Trainer Licensure Fees . . . . .	.41 MoReg 1291	Sept. 11, 2016	March 9, 2017
20 CSR 2150-7.200 Fees (Res) . . . . .	.41 MoReg 1292	Sept. 11, 2016	March 9, 2017
20 CSR 2150-7.200 Physician Assistant Licensure Fees (Res) . . . . .	.41 MoReg 1292	Sept. 11, 2016	March 9, 2017
20 CSR 2150-8.060 Fees (Res) . . . . .	.41 MoReg 1293	Sept. 11, 2016	March 9, 2017
20 CSR 2150-8.060 Clinical Perfusionists Licensure Fees (Res) . . . . .	.41 MoReg 1294	Sept. 11, 2016	March 9, 2017
20 CSR 2150-9.080 Fees (Res) . . . . .	.41 MoReg 1294	Sept. 11, 2016	March 9, 2017
20 CSR 2150-9.080 Anesthesiologist Assistant Licensure Fees (Res) . . . . .	.41 MoReg 1295	Sept. 11, 2016	March 9, 2017
Board of Therapeutic Massage			
20 CSR 2197-1.040 Fees . . . . .	.41 MoReg 825	June 12, 2016	Feb. 23, 2017
State Board of Pharmacy			
20 CSR 2220-2.200 Sterile Compounding . . . . .	.41 MoReg 1056	Aug. 4, 2016	Feb. 23, 2017
Missouri Board for Respiratory Care			
20 CSR 2255-1.040 Fees . . . . .	.41 MoReg 547	April 11, 2016	Jan. 18, 2017
Missouri Consolidated Health Care Plan			
Health Care Plan			
22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations (Res) . . . . .	.41 MoReg 1296	Oct. 1, 2016	March 29, 2017
22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations . . . . .	.41 MoReg 1296	Oct. 1, 2016	March 29, 2017
22 CSR 10-2.120 Partnership Incentive Provisions and Limitations (Res) . . . . .	.41 MoReg 1297	Oct. 1, 2016	March 29, 2017
22 CSR 10-2.120 Partnership Incentive Provisions and Limitations . . . . .	.41 MoReg 1298	Oct. 1, 2016	March 29, 2017

**Executive
Orders****Subject Matter****Filed Date****Publication****2016**

16-07	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operations Plan be activated as a result of storms that began on May 25, 2016. This order shall terminate on June 26, 2016, unless extended.	May 27, 2016	41 MoReg 830
16-06	Declares that the next Missouri Poet Laureate will be named in June 2016 and directs that a Missouri Poet Laureate be named biennially to serve for two years at the pleasure of the governor. The order also includes qualifications and responsibilities for the post. Additionally the Missouri Poet Laureate Advisory Committee is hereby established.	May 27, 2016	41 MoReg 828
16-05	Directs the Department of Public Safety, with guidance from the Missouri Veteran's Commission and the Adjutant General of the State of Missouri, to coordinate events with the World War I Centennial Commission that recognize and remember efforts and sacrifices of all Americans during World War I.	May 27, 2016	41 MoReg 826
16-04	Orders all departments, agencies and boards, and commissions, in the Executive Branch subject to the authority of the governor to take all necessary action to amend initial employment applications by removing questions related to an individual's criminal history unless a criminal history would render an applicant ineligible for the position.	April 11, 2016	41 MoReg 658
16-03	Extends Executive Orders 15-10, 15-11, and 16-02 until February 22, 2016, due to severe weather that began on December 22, 2015.	Jan. 22, 2016	41 MoReg 299
16-02	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on December 22, 2015.	Jan. 6, 2016	41 MoReg 235
16-01	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	Jan. 4, 2016	41 MoReg 153

2015

15-11	Activates the state militia in response to severe weather that began on December 22, 2015.	Dec. 29, 2015	41 MoReg 151
15-10	Declares a state of emergency and directs that the Missouri State Emergency Operations Plan be activated due to severe weather that began on December 22, 2015.	Dec. 27, 2015	41 MoReg 149
15-09	Directs all Missouri Executive Branch agencies, as well as strongly encourages all private employers, to review and determine how the practices contained in the Harry S Truman School of Public Affairs preliminary guidelines and, eventually the Pay Equity Best Practices Guidelines, can be utilized by their agency or business and to identify and address any gender wage gap in order to ensure that all Missourians receive equal pay for equal work.	Dec. 4, 2015	41 MoReg 71
15-08	Closes state offices Nov. 27, 2015.	Nov. 6, 2015	40 MoReg 1630
15-07	Dedicates and renames the state office building located at 8800 East 63rd Street in Raytown, Missouri, in honor of Joseph Patrick Teasdale, the 48th governor of the state of Missouri.	Oct. 28, 2015	40 MoReg 1628
15-06	Lays out policies and procedures to be adopted by the Executive Branch of state government in procuring goods and services to enhance economic health and prosperity of Minority and Women Business Enterprises. This order supercedes Executive Order 05-30.	Oct. 21, 2015	40 MoReg 1624
15-05	Extends Executive Order 15-03 until August 14, 2015.	July 14, 2015	40 MoReg 1012
15-04	Orders all departments, agencies, boards, and commissions to comply with the Obergefell decision and rescinds Executive Order 13-14.	July 7, 2015	40 MoReg 1010
15-03	Declares a state of emergency exist in the State of Missouri and directs that the Missouri State of Emergency Operations Plan be activated.	June 18, 2015	40 MoReg 928
15-02	Extends Executive Order 14-06 and orders that the Division of Energy deliver a state energy plan to the governor by October 15, 2015.	May 22, 2015	40 MoReg 833
15-01	Appoints Byron M. Watson to the Ferguson Commission to fill the vacancy created by the resignation of Bethany A. Johnson-Javois.	Jan. 2, 2015	40 MoReg 173

The rule number and the MoReg publication date follow each entry to this index.

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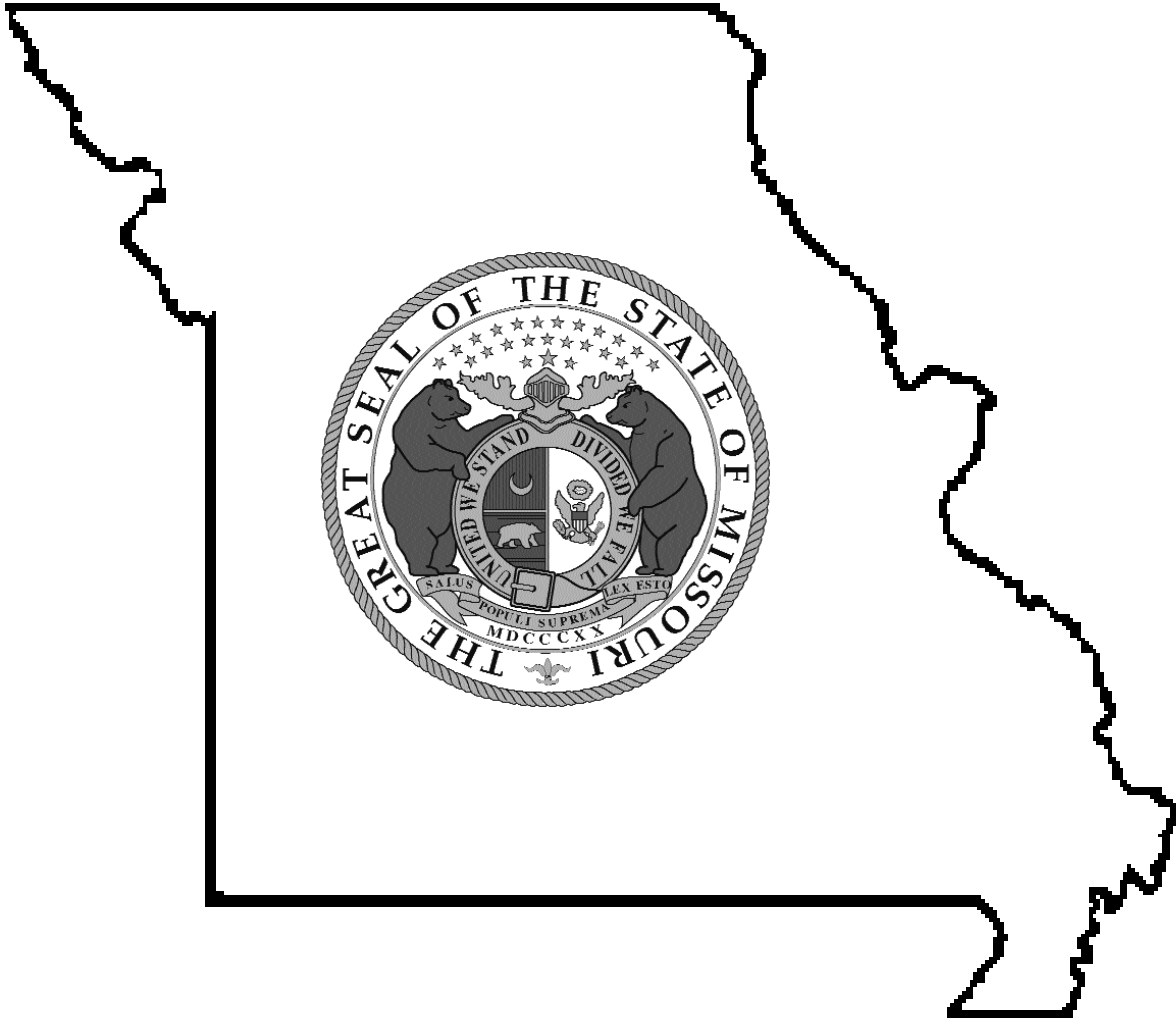
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